

# CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

## CALIFORNIA MEDICAL ASSOCIATION†

PHILIP K. GILMAN, M.D.....President  
 SAM J. McCLENDON, M.D.....President-Elect  
 E. VINCENT ASKEY, M.D.....Speaker  
 LEWIS A. ALESEN, M.D.....Vice-Speaker  
 PHILIP K. GILMAN, M.D.....Council Chairman  
 JOHN W. CLINE, M.D...Chairman, Executive Committee  
 GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor  
 JOHN HUNTON.....Executive Secretary

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#### Chairman of the Board:

Albert J. Scholl, Los Angeles

#### Executive Committee:

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 H. J. Templeton, Oakland  
 Albert J. Scholl, Los Angeles  
 George W. Walker, Fresno

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#### Dermatology and Syphilology:

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 H. J. Templeton, Oakland

#### Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco  
 Lawrence K. Gundrum, Los Angeles  
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#### General Medicine:

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 L. Dale Huffman, Hollywood  
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#### General Surgery (including Orthopedics):

Frederic C. Bost, San Francisco  
 Fred D. Heegler, Napa  
 William P. Kroger, Los Angeles

#### Industrial Medicine and Surgery:

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#### Plastic Surgery:

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#### Neuropsychiatry:

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#### Obstetrics and Gynecology:

Daniel G. Morton, San Francisco  
 Donald G. Tollefson, Los Angeles

#### Pediatrics:

William W. Belford, San Diego  
 William C. Deamer, San Francisco

#### Pathology and Bacteriology:

Alvin G. Foord, Pasadena  
 R. J. Pickard, San Diego

#### Radiology:

R. R. Newell, San Francisco  
 John W. Crossan, Los Angeles

#### Urology:

Frank Hinman, San Francisco  
 Albert J. Scholl, Los Angeles

#### Pharmacology:

W. C. Cutting, Menlo Park  
 Clinton H. Thienes, Los Angeles

† For complete roster of officers, see advertising pages 2, 4, and 6.

### 75TH ANNUAL SESSION

#### California Medical Association

#### AT LOS ANGELES

Tuesday, May 7 - Friday, May 10, 1946

Make note of these dates on your Calendar.

Scientific Programs and Official Reports will appear in this issue of C. and W. M.

The official headquarters of the next annual session of the California Medical Association to be held at Los Angeles, Tuesday, May 7 through Friday noon, May 10, 1946, will be the *Hotel Biltmore*, 515 South Olive Street (Olive, between Fifth and Sixth Streets), Los Angeles. Because of postwar conditions and prospective attendance, the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed, twin beds, bath).

#### LOS ANGELES HOTELS: WITH TELEPHONE NUMBERS

A list of some hotels in Los Angeles within easy distance of the Hotel Biltmore follows:

Hotels	Telephones
<i>Alexandria Hotel</i> , 210 W. Fifth St....	(MAdison 2741)
<i>Ambassador Hotel</i> , 3400 Wilshire Blvd...	(DRexel 7011)
<i>BILTMORE HOTEL</i> , 515 S. Olive.....	(MIdichigan 1011)
<i>Carlton Hotel</i> , 519 S. Figueroa St.....	(MIdichigan 6571)
<i>Chapman Park Hotel</i> , 516 S. Alexandria Ave.	
.....	(FItzroy 1181)
<i>Clark Hotel</i> , 426 S. Hill St.....	(MIdichigan 4121)
<i>Gates Hotel</i> , 831 W. Sixth St.....	(TRinity 3931)
<i>Hayward Hotel</i> , 206 W. Sixth St.....	(MIdichigan 5151)
<i>Mayfair Hotel</i> , 1256 W. Seventh St.....	(FItzroy 4161)
<i>Mayflower Hotel</i> , 535 S. Grand Ave....	(MIdichigan 1331)
<i>San Carlos Hotel</i> , 507 W. Fifth St.....	(MUTual 2291)
<i>Savoy Hotel</i> , 601 W. Sixth St.....	(MAdison 1411)
<i>Stillwell Hotel</i> , 838 S. Grand Ave.....	(TRinity 1151)
<i>Town House</i> , 639 S. Commonwealth Ave.	
.....	(EXposition 1234)
<i>William Penn Hotel</i> , 2208 W. Eighth St.	
.....	(EXposition 3181)

### A.M.A. Session

American Medical Association will hold its annual session this year in San Francisco. Dates: Monday, July 1 - Friday, July 5, 1946.

## OFFICIAL NOTICES

### COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

#### Minutes of the Three Hundred Thirtieth (330th) Meeting of the Council of the California Medical Association\*

The meeting was called to order at 10:00 A.M., on Friday, February 1, 1946, at the Hotel Biltmore, Los Angeles.

#### 1. Roll Call:

Councilors Present: Philip K. Gilman, Chairman; E. Vincent Askey, Sam J. McClendon, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Dewey R. Powell, Edward B. Dewey, Walter S. Cherry, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Councilors Absent: Herbert A. Johnston (ill).

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman Committee on Public Policy and Legislation; Dwight L. Wilbur, Delegate to the A.M.A.; Chester L. Cooley, C.P.S. Secretary; John Hunton, Executive Secretary; W. M. Bowman, C.P.S. Executive Director; Howard Hassard, Associate Legal Counsel; Ben H. Read, Secretary, Public Health League of California; E. T. Remmen, Chairman, Local Committee on Arrangements, 1946 C.M.A. Meeting in Los Angeles; Stanley K. Cochems, Executive Secretary, Los Angeles County Medical Association; A. E. Hardison, Acting Medical Director, American Red Cross; Ralph W. Stearns, Klamath (Oregon) Medical Service Bureau; L. M. Spaulding, President, Oregon State Medical Society; A. E. Varden, Secretary, San Bernardino County Medical Society; Henry D. Neufeld, Secretary, Contra Costa County Medical Society; A. E. Moore, President, San Diego County Medical Society; Morton R. Gibbons, State Emergency Council; Louis J. Regan, President, Los Angeles County Medical Association; Rollen Waterson, Executive Secretary, Alameda County Medical Association; and Frank Kihm, Executive Secretary, San Francisco County Medical Society.

#### 2. Minutes:

Minutes of the following meetings of the Council and Executive Committee were submitted and actions taken approved:

(a) Council Meeting (329th) held in Los Angeles on October 21, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, December, 1945, page 277.)

(b) Executive Committee Meeting (196th) held in San Francisco on November 16, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, January, 1946, page 33.)

#### 3. Membership:

(a) A report of membership as of January 26, 1946, was submitted and placed on file. The membership roster showed distribution as follows:

Total members (civilian and military) listed for year 1946: 3,689.

Total members in military service: 1,726.

Total members returned from military service: 550.

(b) On motion made and seconded, Retired Membership was granted to the following members, whose applications had been received in accredited form from their county societies:

Orah Knapp Allen, San Francisco County

Edna M. Barber, Alameda County  
Emil C. Black, San Diego County  
John C. Condit, Alameda County  
M. L. Fernandez, Contra Costa County  
James K. Hamilton, Jr., Alameda County  
Aden C. Hart, Sacramento County  
Murrey L. Johnson, Alameda County  
Marguerite D. Keser, Contra Costa County  
Edwin D. Kilbourne, Santa Clara County  
Frieda L. Kruse, San Francisco County  
Henry Snure, Los Angeles County  
William B. Stephens, Alameda County  
Harry B. Torrey, Alameda County  
Edwin W. Wayte, Los Angeles County  
Alvin H. Wilmar, San Luis Obispo County

(c) On motion made and seconded, Life Membership was granted to the following members, whose applications had been received in accredited form from their county societies:

Fred Ross Fairchild, Yolo County  
A. M. Henderson, Sacramento County

(d) On motion made and seconded, it was voted to reinstate 6 members whose 1945 dues had been paid subsequent to October 21, 1945.

(e) Report was made concerning the action taken by the Council Chairman in re: granting Associate Membership to school physicians.

(f) Report was made concerning a communication received from the Judicial Council of the American Medical Association in which it was stated that physicians having Retired Membership in the California Medical Association are not eligible for Fellowship in the American Medical Association.

#### 4. Financial:

(a) A cash report as of January 26, 1946, was submitted.

(b) Digest of the Certified Public Accountant's report for the calendar year 1945 was presented.

(c) Report on collection of 1946 dues and dues of military members was submitted.

(d) Report was made by Doctor John W. Cline, Chairman of the C.M.A. Executive Committee that a draft of a budget had been prepared by the Auditing Committee and was under consideration by the Executive Committee, and that report thereon would be made by the Executive Committee at the next meeting of the Council.

(e) Attention was called to the lapse of time that occurred under the existing system in relation to the beginning of a fiscal year in which the budget adopted by the House of Delegates would become operative.

On motion by Doctor Cline, Chairman of the Auditing Committee, it was voted that the fiscal year should hereafter begin not on January 1st following a meeting of the House of Delegates, but on July 1st of any calendar year. (Refers to phraseology in Chapter IV, Section 5, of the by-laws regarding fiscal year.)

#### 5. Special Committee on Prepayment Plans and C.P.S.:

For the Special Committee on Prepayment Plans and California Physicians' Service, Loren R. Chandler, M.D., Chairman, a progress report was made by Doctor Philip K. Gilman who had met with the above committee. It was stated that this special committee would have a meeting during the coming month with the Advisory Planning Committee at which time a report would be formulated for submittal to the Council. In the discussion, Doctors L. M. Spaulding, President of the Oregon State Medical Society; and Ralph W. Stearns, of

\* Reports referred to in the minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

the Klamath Medical Service Bureau, were asked to comment upon conditions they had met in their own plans.

#### 6. Committee on Postwar Planning:

Relative to a communication dated October 25, 1945, received from Harold A. Fletcher, California State Chairman for Procurement and Assignment Service for Physicians, presented in *CALIFORNIA AND WESTERN MEDICINE* for November, 1945, on page 228, and referred to in the minutes of the 329th Meeting of the C.M.A. Council as Item 9 (December, 1945, *CALIFORNIA AND WESTERN MEDICINE*, page 279), discussion was had concerning misinterpretations that had arisen in regard thereto.

After full discussion, the following resolution was adopted by the Council:

*Resolved*, That in view of public expressed inferences to the effect that the medical profession in California is in some manner opposing the location in the State of Physicians from other states or countries, the Council of the California Medical Association believes it appropriate to reiterate the fact that the privilege of practicing medicine in California is not dependent upon membership in a component county medical society or in the California Medical Association, but solely upon issuance of a license by the State Board of Medical Examiners, and that admission to membership in a component county medical society is exclusively governed by Chapter I, Section 4 of the California Medical Association by-laws, which reads as follows:

"Each component county shall . . . determine the qualifications for membership therein, and *shall be the sole judge* of the qualifications of applicants for such membership"; and be it

*Further Resolved*, That each county society be reminded that in passing upon applicants for membership it is the sole judge of each applicant's qualifications and that it should consider each applicant separately and on his own merits and reach its decision upon the basis of the applicant's qualifications or lack thereof; and be it

*Further Resolved*, That a copy of this resolution be sent to each component county medical society.

#### 7. California Physicians' Service:

Doctor Chester L. Cooley, Secretary of the Board of Trustees of California Physicians' Service, gave an oral report on recent happenings. Recently, Doctor Cooley and Mr. W. M. Bowman went to Montana to aid the Montana State Medical Association in its efforts to institute a prepayment medical service plan, modeled somewhat after "California Physicians' Service." C.P.S. loaned to the Montana organization their form blanks. C.P.S. will also send an experienced worker to aid Montana in starting its organization.

It was stated that New Mexico, Arizona and Nevada were likewise interested. If plans matured, it was possible that a regional prepayment medical care organization might come into being.

The Council was told that C.P.S. affiliations in Sacramento had improved and that the number of professional members was steadily increasing.

Mr. Bowman reported upon the financial conditions of C.P.S., outlining reasons why expenses were heavier in certain months.

The significance of the new contract between Veterans' Administration and C.P.S. was outlined. V.A. has sent Colonel Wright to California to become the liaison officer in this work.

#### 8. Committee on Public Policy and Legislation:

Doctor Dwight H. Murray, Chairman of the Committee on Public Policy and Legislation, submitted two

reports: (a) Report as Chairman of the California delegation to the A.M.A. House of Delegates; and (b) Report on the status of pending medical legislation.

(a) Doctor Murray made report concerning the resolutions introduced by California Delegates at the Chicago meeting of the A.M.A. House of Delegates held on December 3-6, 1945. (These resolutions appear in *J.A.M.A.*, December 15, 1945, and December 22, 1945, and also in *CALIFORNIA AND WESTERN MEDICINE*, January, 1946, pages 37-39.)

Reference was also made to the important address by General Paul R. Hawley, Medical Director of the Veterans' Administration.

It was stated that in Chicago three plans of prepayment groups were outlined; Doctor Murray stating that the A.M.A. Trustees would consider these at their meeting in February, in an effort to formulate a national policy with possible formation of a federation of prepayment groups.

Associate Legal Counsel Hassard also made comment concerning a national policy and plan, with emphasis that the administration be a local basis. The possibility of regional groups being developed was also mentioned and the value of an advisory service, so that prepayment groups still to come into existence might avail themselves of the experiences of pioneer service organizations.

The Council favored the general policies indicated, as outlined, by Doctor Murray and Mr. Hassard.

#### 9. American Red Cross: Blood Procurement Facilities:

Doctor A. E. Hardison, Acting Regional Medical Director of the American Red Cross, spoke to the Council concerning plans being formed in regard to blood donor service and blood procurement for civilians and the civilian plasma program.

It was stated the California State Board of Public Health, through local officers and affiliated groups and physicians, will make available in civilian practice dried blood plasma that had been accumulated by the American Red Cross. (Information concerning this appears in *CALIFORNIA AND WESTERN MEDICINE* for January, 1946, on page 5.)

The California State Board of Public Health has announced it will send information concerning procedures to be followed in securing such blood plasma, to local health officers, hospitals, and affiliated institutions.

Discussion took place concerning endorsement of a plan. Because the details had not been worked out at the present time, it was voted to refer the proposal on how the Red Cross will continue procurement of blood for civilians, to a special committee to be appointed by the Council Chairman. Doctors Edwin L. Bruck, Lloyd E. Kindall, and John W. Green were appointed.

#### 10. A.M.A. Annual Session in San Francisco in 1946:

Doctor John W. Cline, who had been nominated to the A.M.A. Trustees by the San Francisco County Medical Society to act as Chairman of the Local Committee on Arrangements for the 1946 A.M.A. meeting in San Francisco, made report on the tentative plans for the A.M.A. meeting to be held Monday, July 1st, through Friday, July 5th, 1946.

Conferences with representatives of the San Francisco Convention Bureau and the Central Executive Committee were mentioned, with reference to: plans for the Scientific Section meetings in the Civic Center, hotel reservations for visiting members, entertainment features, such as the Dinner to the A.M.A. President and to the A.M.A. Delegates, and other matters.

### 11. C.M.A. Advisory Planning Committee:

Chairman Hunton recommended for the Committee that a complete inventory of all available medical facilities in California be compiled and widely publicized in order to acquaint the people of the State with the facilities open to them in case of need. It was recommended that Alameda County be used as a testing ground for such an inventory and that the results obtained there be used as a basis for determining whether or not a complete statewide inventory should be made. Approved by the Council.

The Committee further recommended that the C.M.A. take over the publication of the "Courier," official publication of the Woman's Auxiliary to the C.M.A., and make this a part of the Association's public relations campaign. Estimated cost of bi-monthly publication was set at \$3,000 for the first year and \$2,000 for succeeding years. Approved by the Council.

The Committee reported that it had devoted its December and January meetings to a study of California Physicians' Service requested by Doctor L. R. Chandler, Chairman of the C.M.A. Committee on Prepaid Medical and Hospital Care. The chairman stated that this study had been completed and asked instructions from the Council as to whether the report should be given to the Council or direct to the Chandler committee. In order to permit no question as to the Council's exercising any restraint on the Chandler committee, it was voted that the report should be given to that committee and not to the Council. (After presentation of this report to the Chandler committee, that committee voted to forward copies of the Advisory Planning Committee report to the Council.)

### 12. Annual Session of C.M.A. in 1946:

Chairman of the Committee on Scientific Work, Doctor George H. Kress, made a progress report concerning the plans that had been outlined for the 75th Annual Session of the California Medical Association to be held in Los Angeles at Hotel Biltmore, commencing Tuesday, May 7th, through Friday noon, May 10th.

It was stated that at the present time the Hotel Biltmore is the only large hotel that has facilities that can provide meeting places for the California Medical Association (with meeting rooms for the thirteen Scientific Sections, Council, House of Delegates, Woman's Auxiliary); also that owing to the week-end demands for use of the hotel facilities by transient guests, the Hotel Biltmore had stipulated that it could only make arrangements for the California Medical Association during the mid-week (for which reason the meeting necessarily could not begin before Tuesday, and must be closed before Saturday). Owing to the above limited facilities, and also because of the conditions under which members in civilian practice had been working, there would be no attempt this year to provide scientific exhibits.

Tentative report was made concerning the scientific programs.

Regarding guest speakers, President Gilman stated he would place in nomination for the President's guest speaker, Doctor James C. McCann of Worcester, Massachusetts, who would speak on some surgical problems in connection with anesthesia, and also would address the House of Delegates on prepayment medical service plans.

Discussion was had concerning nominations that had been presented for guest speakers to represent (1) the Medical Section and its affiliated specialties, and (2) the Surgical Section and its affiliated groups. After full discussion, it was decided to permit the Officers of the Sections on Medicine and Surgery to have authority to secure their respective guest speakers. (The guest speaker

for the Medical Groups will be Doctor Allen T. Kenyon of the University of Chicago; for the Surgical Groups, Doctor George T. Pack of Cornell Medical College, New York.)

### 13. Woman's Auxiliary:

(a) Proposed amendments to the Constitution and By-Laws of the Woman's Auxiliary to the California Medical Association were presented and after consideration, motion was made and carried that the same be approved. (Proposed amendments appear in CALIFORNIA AND WESTERN MEDICINE for February, on page 87.)

(b) On arrangements concerning "The Courier" (Woman's Auxiliary publication), see Item 11 in these minutes.

### 14. "California and Western Medicine":

Attention was called to the delayed appearance of CALIFORNIA AND WESTERN MEDICINE in the mails due to printing plant difficulties. (Item discussed in more detail in February, 1946, CALIFORNIA AND WESTERN MEDICINE, on page 67.) Under current man-power deficiencies in the printing trade, it was difficult to bring about an improvement.

### 15. Legal Department:

(a) Industrial Accident Commission.—Legal Counsel reported that a new petition, seeking an increase in the industrial accident fee schedule, had been filed with the members of the Industrial Accident Commission in December, 1945, and that a hearing on the petition had been requested but that to date there has been no action taken of any kind by the commission. It was also reported that the Assembly Interim Committee on Insurance, which is empowered amongst other things to investigate the adequacy of medical fees under the Industrial Accident Law, may hold a public hearing on the subject in the near future. If the Assembly Interim Committee does hold a public hearing, representatives of the Association will be present to submit to the committee a full statement of the facts involved, in an effort to secure the committee's cooperation in the Association's drive for a more equitable and adequate Industrial Accident fee schedule.

(b) Progress Report of the C.M.A. Cancer Commission.—Legal Counsel reported that at the request of the C.M.A. Cancer Commission, a California non-profit corporation had been formed, known as the American Cancer Society, California Division. This corporation will consist of a board of fifteen directors, nine of whom will be members of the Cancer Commission, the other six being representative members of the general public. The American Cancer Society, California Division, will act as a non-profit charitable organization devoted to public education in the field of cancer and to the use of all legitimate means to assist in the prevention and control of cancer. By virtue of the fact that a majority of its directors are members of the C.M.A. Cancer Commission, full control over its activities will at all times be vested in the C.M.A. (See also, Item 17.)

(c) Practice of Dentistry.—It was reported that an inquiry had been received for an opinion with respect to the legal right, if any, of dental surgeons to treat complications arising out of fractured jaws. A copy of legal counsel's opinion was submitted to each councilor.

(d) Solano County Medical Society.—A full report was made to the Council with respect to contract practice by certain physicians in Solano County.

(e) C.P.S. v. Garrison, Insurance Commissioner.—Legal Counsel reported that this case, which involves the question of whether C.P.S. is or is not subject to the insurance laws, is now pending in the California Supreme Court, that the case has been fully argued both orally

and in writing, and has been submitted to the court for decision, and that a decision may be expected within the next two or three months.

#### 16. **Permanente Hospital:**

A letter from the Solano County Medical Society in re: medical care procedures by members of the Permanente Hospital group, was submitted.

Discussion was had of the points involved, and it was agreed that a letter should be sent to the Solano County Medical Society in regard thereto. (Explanatory letters have been forwarded to component county medical societies.)

#### 17. **C.M.A. Cancer Commission:**

Report was made by the Chairman of the Cancer Commission, Doctor Lyell C. Kinney of San Diego, who referred to his visits to the Cancer Clinics in the East, and the information there gathered. The importance of adequate professional control of Cancer Clinics was emphasized. Also, that the administration of this type of work should not be on a national, but on a state and local level. Therefore, it would be important to establish standards to aid local groups in carrying on their supervision.

It was stated, concerning moneys raised by the American Cancer Society, through appeal to the public, an estimated allocation of \$800,000 would be made for California of which \$500,000 would be used for local cancer clinics.

It was agreed that the subject should be given special consideration at the next meeting of the Council. (See also, Item 15 (b).)

#### 18. **Executive Secretaries for County Medical Societies:**

Doctor A. E. Moore, President of the San Diego County Medical Society, addressed the Council and asked consideration of a plan whereby some of the smaller component county societies would be aided in securing executive secretaries through allocation of funds from the California Medical Association.

Full discussion followed and the Council voted that a special committee should be appointed to survey the entire situation and bring in a report to the Council. The Committee appointed consists of Lloyd Kindall, Chairman; E. Vincent Askey, and Walter S. Cherry.

#### 19. **Time and Place of Next Meeting:**

On motion made and seconded, it was voted that the next meeting of the Council should be held in Los Angeles on Monday, May 6, 1946.

#### 20. **Executive Session:**

The Council went into executive session, Councilor Cline acting as secretary. The following business was transacted:

(a) *A History of the California Medical Association.*—Reference was made to the desirability of compiling a history of the California Medical Association, now in its 75th year, the subject having been considered at the 328th and 329th Council meetings. (CALIFORNIA AND WESTERN MEDICINE, October, 1945, Item 20(e), page 180; and December, 1945, Item 24, page 282.)

After discussion, on motion made and seconded, the following resolution was adopted:

*Resolved*, That the position of Honorary Historian of the California Medical Association is hereby created, said position to be entirely honorary and without compensation; and be it

*Further Resolved*, That the retiring Secretary-Editor, Doctor George H. Kress, be appointed as Honorary Historian, he to act in that capacity until such time as other action is taken.

(b) *Committee to Determine Editorial Policy.*—Since Doctor Kress, who has been editor of CALIFORNIA AND WESTERN MEDICINE since March, 1927, will retire as Editor of the *Official Journal* at the close of this year's Annual Session, it was voted that the Council Chairman appoint a committee to submit to the Council a report on future editorial policy to CALIFORNIA AND WESTERN MEDICINE. (Committee appointed: Councilors John W. Cline, E. Vincent Askey, and R. Stanley Kneeshaw.)

(c) *Proposed Amendment to Constitution.*—It was agreed to consider proposal of an amendment to the C.M.A. Constitution (Article V, Section 12), which would not make it mandatory that the persons occupying the positions of Association Secretary and of Editor of CALIFORNIA AND WESTERN MEDICINE, must possess the degree of Doctor of Medicine.

(d) *Report of Publicity Counselor.*—The work of publicity counselor, Mr. Clem Whitaker, was discussed; a budget being submitted, and approval was given thereto.

(e) *Retirement of Doctor George H. Kress as Secretary-Editor.*—Doctor George H. Kress having reached retirement age, and the Council having considered the subject at the 328th meeting on August 21, 1945 (October CALIFORNIA AND WESTERN MEDICINE, Item 20, page 108); and at the 329th meeting on October 21, 1945, discussion followed on what would be proper recognition of services rendered over many years by Dr. Kress.

After discussion, and on motion duly made, seconded, and carried, the following resolution was adopted:

*Resolved*, That the Council include in its annual report to the House of Delegates at the May, 1946, session, a recommendation that Dr. George H. Kress, presently the Secretary and Editor of the Association, be granted retirement status; and that in recognition of his many years of continuous and devoted service to the welfare of the Association, Doctor Kress be granted a pension for life, commencing at the end of the 1946 annual session, payable at the rate of \$315.00 per month; provided, only, that in any month or months during which Dr. Kress accepts or undertakes any salaried position or positions carrying the aggregate compensation in excess of \$15.00 per month, then for such month or months, Dr. Kress shall not receive the monthly pension aforesaid.

(e) *On Retirement Plans of Employees.*—After discussion, it was agreed that the Council submit to the House of Delegates a request that a definite plan be established concerning conditions under which employees of the California Medical Association would be retired in the future. (Committee appointed: Councilors John W. Cline, E. Earl Moody, and Frank A. MacDonald.)

#### 21. **Adjournment:**

After recess, there being no further business, it was voted to adjourn.

PHILIP K. GILMAN, M.D., *Council Chairman*,  
GEORGE H. KRESS, M.D., *Council Secretary*.

GHK/s

#### MEMBERS' SPECIAL MEETING OF "TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION"

#### Minutes of the Nineteenth (19th) Meeting of Members of "Trustees of the California Medical Association"

Pursuant to call of the president and notice by the secretary duly and regularly given in accordance with the By-laws, a special meeting of the members of the "Trustees of the California Medical Association," a California corporation, was held at the Hotel Biltmore in Los Angeles, on Friday, February 1, 1946.

### 1. Roll Call:

Members Present: Philip K. Gilman, E. Vincent Askey, Sam J. McClendon, Edwin L. Bruck, Sidney J. Shipman, E. Earl Moody, Dewey R. Powell, Edward B. Dewey, Walter S. Cherry, Jay J. Crane, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Members Absent: Herbert A. Johnston.

A quorum present and acting.

### 2. Authorization to Purchase U. S. Bonds:

On motion duly made, seconded, and carried, the following resolution was adopted:

*Resolved*, That current funds be used to purchase \$25,000 par value U. S. Treasury bonds bearing interest at the rate of two and one-half per cent per annum.

### 3. Adjournment:

There being no other business, on motion duly made and seconded, it was voted to adjourn.

PHILIP K. GILMAN, M.D., *President*

GEORGE H. KRESS, M.D., *Secretary*

GHK/s

## EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION

### Minutes of the One Hundred Ninety-seventh (197th) Meeting of the Executive Committee of the California Medical Association

The meeting was called to order at 6:00 P.M., on Friday, March 1, 1946, at The Family Club in San Francisco.

#### 1. Roll Call:

Members Present: Doctors John W. Cline, Chairman; Philip K. Gilman, Sam J. McClendon, and George H. Kress, Secretary.

Member Absent: Doctor E. Vincent Askey.

Present by Invitation: Doctor Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; Doctor Edwin L. Bruck, member Auditing Committee; Mr. John Hunton, Executive Secretary; Mr. Howard Hassard, Associate Legal Counsel, and Mr. W. M. Bowman, Executive Director, California Physicians' Service.

#### 2. C.M.A. Representatives to Appear Before Senate Committee on Prepayment Medical Service Plans:

(a) Discussion was had concerning representatives of the California Medical Association who might be in position to appear before the special Senate Committee that would hold hearings on the Wagner-Murray-Dingell Bill (S. 1606), scheduled to begin between March 14th and March 18th.

It was stated that it had been suggested that Ex-President Lowell S. Goin of Los Angeles, who is President of the Board of Trustees of California Physicians' Service would be a proper representative in case he could make arrangements to go. It was felt that Doctor Goin's knowledge would make him a proper representative of both the California Medical Association and California Physicians' Service.

(b) Attention of the Committee was called to the suggestion that had been made that the National Physicians' Committee might also send to be present at the hearings, Doctors Lloyd Kindall of Oakland, John W. Green of Vallejo, and Jay J. Crane of Los Angeles. The opinion was expressed that these colleagues would be in position to give valuable service through informing California Congressmen concerning the prepayment medical and hospital service plans that are in operation in California.

It was further agreed that Doctor Cline, Chairman of

the Executive Committee, should hold a special conference with Doctors Kindall, Green and Crane relative to the general plans.

Agreed further, that Doctor Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation, should keep in touch with the procedures to be inaugurated.

#### 3. Membership: Retired; Associate:

(a) Mr. Hunton presented applications for Retired Membership, these applications having been presented in proper form, as follows:

William H. C. Hatteroth, Alameda County  
 Frank E. Sawyer, Alameda County  
 Dow Harvey Ransom, Fresno County  
 Clark D. Baker, Los Angeles County  
 Charles L. Bennett, Los Angeles County  
 F. H. Frandt, Los Angeles County  
 Charles Burnside, Los Angeles County  
 Thomas Sheridan Carey, Los Angeles County  
 William T. Clarke, Los Angeles County  
 Peter T. Conlan, Los Angeles County  
 Cassius C. Cottle, Los Angeles County  
 E. H. Crane, Los Angeles County  
 Henry W. Edwards, Los Angeles County  
 Frank W. Hanford, Los Angeles County  
 John Peachy Jones, Los Angeles County  
 Ralph L. Kirsch, Los Angeles County  
 George A. Laubersheimer, Los Angeles County  
 Caroline McQuisten Leete, Los Angeles County  
 H. Cameron May, Los Angeles County  
 Anna E. Rude, Los Angeles County  
 Charles Stein, Los Angeles County  
 Charles W. Stewart, Los Angeles County  
 B. C. Tarnutzer, Los Angeles County  
 Silas A. Lewis, Los Angeles County  
 Harry W. Smiley, Riverside County  
 Harry H. Beauchamp, Sacramento County  
 George N. Bramhall, Sacramento County  
 George A. Spencer, Sacramento County  
 Alfred E. Banks, San Diego County  
 James D. Bobbitt, San Diego County  
 Nicholas Molitor, San Diego County  
 Frank C. Russell, San Diego County  
 Frank B. Schroeder, San Diego County  
 John A. Bacher, San Francisco County  
 August J. Lartigau, San Francisco County  
 T. Howard Plank, San Francisco County  
 Wallace Bruce Smith, San Francisco County  
 Harold O. von der Lieth, San Francisco County

On motion made and seconded, Retired Membership was granted to the above members.

(b) Concerning applications for Associate Membership, it was voted that it be the policy that Associate Membership be granted to applicants who have been duly certified as not being in private practice.

Applications for Associate Membership having been received from the county societies in proper form, with certification that the members are not in private practice, Associate Membership was granted to the following:

J. Hallam Cope, Alameda County  
 Floyd D. Lewis, Alameda County  
 James A. McKenney, Alameda County  
 M. H. Merrill, Alameda County  
 Jewel M. Sanders, Alameda County  
 W. W. Stadel, Alameda County  
 Herbert R. Stolz, Alameda County  
 George A. Walton, Alameda County  
 Genevieve Gaard, San Mateo County  
 Erma Macomber, San Mateo County  
 Ira Church, Santa Barbara County

C. T. Roome, Santa Barbara County  
L. C. N. Wayland, Santa Barbara County

#### 4. United Public Health League:

Mr. Hunton was requested by Chairman Cline to inform persons interested concerning steps that had been taken concerning legislative matters. (Letters to Doctor Molony and Mr. Tom Hendricks.)

#### 5. Report on Meeting of A.M.A. House of Delegates:

Doctor Dwight H. Murray was asked to comment informally concerning some of the actions taken at the meeting of the House of Delegates of the American Medical Association held on December 3-6, 1945.

Those present felt that the actions taken by the C.M.A. Delegates were in harmony with the best interests of the Association.

#### 6. Medical Plan on Prepayment Basis for State of New Mexico:

Discussion was had concerning tentative plans to institute a medical service organization in New Mexico. It was stated that request had been made of the constituted authorities of the American Medical Association to subsidize this endeavor.

After discussion, it was agreed that the desirability of adding one more nearby state unit to the group of state prepayment organizations operating on the Pacific Coast was most important; and in the event money was not forthcoming from the American Medical Association, it was felt the California Medical Association should stand ready to advance the money to the New Mexico colleagues who have the plans in hand.

It was agreed that Doctor Murray should write to one or two friends, acquainting them with this decision.

#### 7. Meeting of the American Medical Association in 1946 in San Francisco:

Informal report was made by Doctor John W. Cline, Chairman of the Committee on Arrangements, concerning the plans for the 1946 meeting of the American Medical Association to be held in San Francisco July 1-5, 1946.

Doctor Cline outlined the tentative plans concerning entertainment and other measures that had been gotten under way.

#### 8. California Sickness Indemnity Bill (S.40):

Mr. Hassard commented upon the difficulties that had arisen in connection with the so-called Shelley Bill (S.40), through which sickness disability stipends would be given to Californians who were unemployed because of illness. Deficiencies which had crept into the measure were mentioned. It was agreed that further report should be made to the Council.

#### 9. Adjournment:

There being no further business, the meeting adjourned.

JOHN W. CLINE, M.D., *Chairman*

GEORGE H. KRESS, M.D., *Secretary*

*John Milton (1608-1674).*—When the eyesight of Milton began to fail at thirty-six, the happy poet of earlier years was transformed into the savage political pamphleteer. By the time he was forty-four, totally blind, and reconciled to his fate, he turned again to his literary efforts. The constant help he needed was given him by his daughters and sometimes by young men, glad of his society, who acted as scribes and readers. He died at sixty-six when "gout struck in."—Warner's *Calendar of Medical History*.

## COUNTY SOCIETIES†

### CHANGES IN MEMBERSHIP

#### New Members (49)

##### Alameda County (2)

Hatoff, Alexander, *Oakland*  
Lowell, Max, *Oakland*

##### Los Angeles County (34)

Aaron, Ruth, *Beverly Hills*  
Birnberg, Tobias L., *Beverly Hills*  
Collins, Mary Ellen, *Santa Monica*  
Cook, Ernest Dale, *Azusa*  
Elek, Stephen R., *Los Angeles*  
Fraser, Robert C., *Los Angeles*  
Griffin, Richard Anthony, *North Hollywood*  
Gutman, Ernest, *Los Angeles*  
Harwood, David M., *North Hollywood*  
Katz, Samuel D. H., *Los Angeles*  
Kottke, Elmer E., *Los Angeles*  
Kraft, George L., *Burbank*  
Lapid, Gilbert G., *Long Beach*  
La Scola, Raymond L., *Santa Monica*  
Lauer, Marvin S., *Compton*  
Lilly, Lewie John, *Huntington Park*  
Lindgren, Lillian W., *Bellflower*  
Luppi, Alfred Philip, *Los Angeles*  
McCandliss, Charles H., *Los Angeles*  
Mizener, Mark, *South Gate*  
Nelson, E. A., *Los Angeles*  
Nelson, James H., *Los Angeles*  
Olson, William Adolph, *Burbank*  
Perrin, John Hezekiah, *Huntington Park*  
Polson, Adam Borden, *Los Angeles*  
Schoeps, Martin, *Los Angeles*  
Shevick, Irving M., *Studio City*  
Spivey, William Lee, *Beverly Hills*  
Stuppy, Lawrence J., *Los Angeles*  
Townsend, Guy Walter, *Los Angeles*  
Treusch, Jerome V., *Beverly Hills*  
Tupper, Walter Richard, *Glendale*  
Walker, Ethel M., *Glendale*  
Wenkle, William C., *Olive View*

##### San Diego County (5)

Gaede, Eva Marie, *La Jolla*  
Peterson, Elmer, *San Diego*  
Stadden, John C., *Vista*  
Woods, Ward W., *San Diego*  
Wyborne, V. J., *San Diego*

##### San Francisco County (7)

Boyd, Robert T., *San Francisco*  
Hrenoff, Arseny K., *San Francisco*  
Klabunde, Paul W., *San Francisco*  
McGettigan, Daniel Louis, *San Francisco*  
Nahman, Morton Sidney, *San Francisco*  
Sawyer, Harry William, Jr., *San Francisco*  
Wolter, Nathan, *San Francisco*

##### San Luis Obispo County (1)

French, Edison A., *San Luis Obispo*

#### Transfers

Alden, Ward C., from *Los Angeles County* to *San Bernardino County*  
Arminino, Louis P., from *San Francisco County* to *San Joaquin County*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Blasdel, Edward K., from *Tulare County* to *Alameda County*  
 Brown, Lawrence E., from *Riverside County* to *Alameda County*  
 Clemens, Harry H., from *Yuba-Sutter-Colusa County* to *Los Angeles County*  
 Dail, Clarence W., from *San Bernardino County* to *Los Angeles County*  
 Falk, Lane, from *Humboldt County* to *Stanislaus County*  
 Falk, E. V., from *Stanislaus County* to *Humboldt County*  
 Fletcher, Harold A., from *San Francisco County* to *Marin County*  
 Geen, Robert S., from *San Benito County* to *Alameda County*  
 Gill, Gerald G., from *San Francisco County* to *Alameda County*  
 Hall, Samuel P., from *San Francisco County* to *Alameda County*  
 Ing, Henry, from *San Diego County* to *San Joaquin County*  
 Meister, Lester, from *San Bernardino County* to *Los Angeles County*  
 Schimmenti, John M., from *Alameda County* to *San Francisco County*  
 Schock, Robert H., from *Monterey County* to *Alameda County*  
 Watson, George A., from *Solano County* to *San Francisco County*

#### Retired Members (37)

Bacher, John Adolph, *San Francisco County*  
 Baker, Clark Dyer, *Los Angeles County*  
 Beauchamp, Harry H., *Sacramento County*  
 Bennett, Charles L., *Los Angeles County*  
 Bobbitt, James Douglas, *San Diego County*  
 Bramhall, Robert N., *Sacramento County*  
 Brandt, Franz Henry, *Los Angeles County*  
 Burnside, Charles, *Los Angeles County*  
 Carey, Thomas Sheridan, *Los Angeles County*  
 Clarke, William Thomas, *Los Angeles County*  
 Conlan, Peter T., *Los Angeles County*  
 Cottle, Cassius Clay, *Los Angeles County*  
 Crane, Edward Harrison, *Los Angeles County*  
 Edwards, Henry W., *Los Angeles County*  
 Hanford, Frank Wood, *Los Angeles County*  
 Hatteroth, William H. C., *Alameda County*  
 Jones, John Peachy, *Los Angeles County*  
 Kirsch, Ralph Louis, *Los Angeles County*  
 Lartigan, August Jerome, *San Francisco County*  
 Laubersheimer, George Ashby, *Los Angeles County*  
 Leete, Caroline McQuiston, *Los Angeles County*  
 Lewis, Silas A., *Los Angeles County*  
 May, H. Cameron, *Los Angeles County*  
 Molitor, Nicholas, *San Diego County*  
 Plank, T. Howard, *San Francisco County*  
 Ransom, Dow Harvey, *Fresno County*  
 Rude, Anna E., *Los Angeles County*  
 Russell, Frank Christopher, *San Diego County*  
 Sawyer, Frank Everett, *Alameda County*  
 Schroeder, Frank Bernard, *San Diego County*  
 Smiley, Harry Wilbur, *Riverside County*  
 Smith, Wallace Bruce, *San Francisco County*  
 Spencer, George A., *Sacramento County*  
 Stein, Charles, *Los Angeles County*  
 Stewart, Charles Wesley, *Los Angeles County*  
 Tarnutzer, Benjamin C., *Los Angeles County*  
 von der Lieth, Harold Otto, *San Francisco County*

#### Associate Members (13)

Church, Ira, *Santa Barbara County*

Cope, J. Hallam, *Alameda County*  
 Gaard, Genevieve, *San Mateo County*  
 Lewis, Floyd D., *Alameda County*  
 Macomber, Erma, *San Mateo County*  
 McKenney, James A., *Alameda County*  
 Merrill, M. H., *Alameda County*  
 Roome, C. T., *Santa Barbara County*  
 Sanders, Jewell M., *Alameda County*  
 Stadel, W. W., *Alameda County*  
 Stolz, Herbert R., *Alameda County*  
 Walton, George A., *Alameda County*  
 Wayland, L. C. N., *Santa Barbara County*

#### Resignations (2)

Galbraith, Elizabeth Hosmer, *San Francisco County*  
 Olson, George M., *Los Angeles County*

## In Memoriam

**Bullitt, James Bell.** Died at San Jose, February 24, 1946, age 82. Graduate of the University of Louisville School of Medicine, Kentucky, 1889. Licensed in California in 1921. Doctor Bullitt was a Retired Member of the Santa Clara County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.



**Frey, William C.** Died at San Francisco, February 23, 1946, age 53. Graduate of the University of California Medical School, Berkeley-San Francisco, 1917. Licensed in California in 1917. Doctor Frey was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



**Siebe, Elizabeth B.** Died at San Francisco, February 18, 1946, age 75. Graduate of the College of Physicians and Surgeons of San Francisco, 1904. Licensed in California in 1904. Doctor Siebe was a Retired Member of the San Francisco County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.



**Walter, Frederick Jerome.** Died at La Jolla, February 14, 1946, age 72. Graduate of the Chicago Homeopathic Medical College, Illinois, 1897. Licensed in California in 1920. Doctor Walter was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

#### Contact Lenses

##### (An Opinion of State Attorney General)

"Unlicensed persons are forbidden under the State business and professional code from fitting so-called 'contact' lenses, worn under the eyelid in lieu of spectacles, State Attorney General Robert W. Kenny ruled yesterday. . . . The ruling, prepared by Deputy Attorney General J. Albert Hutchinson, was in reply to an inquiry from the State board of medical examiners, who pointed out some of this work was being done by unlicensed workers. . . . 'Contact lenses may be prepared and fitted to the eye by optometrists if this can be accomplished without the use of drugs or other medical preparations or surgery; dispensing opticians and unlicensed persons may not perform these services,' the digest of the opinion said." (*San Francisco Examiner*.)



## COMMITTEE ON ORGANIZATION AND MEMBERSHIP

### Report of Fee Complaint Committee of Los Angeles County Medical Association

*The Bulletin* of the Los Angeles County Medical Association in its issue of February 7, 1946, printed the following report of the Los Angeles Fee Complaint Committee, submitted to the Council on January 7:

Gentlemen: The end of the year 1945 makes a report from the Fee Complaint Committee advisable, and gives its chairman an opportunity to philosophize and comment on what he has learned as a member of the Committee.

During the past year the Committee has completed the disposition of more than fifty-two written complaints as to fees charged by members of the Association. Of these, one is presented to the Council for further action, and one is awaiting further information, otherwise all are completed. In addition a considerable number of potential cases have been settled or compromised without coming to official notice. On the whole, the decisions of the Committee have been accepted with approbation or acquiescence by both complainant and complainee.

In the light of experience on the Committee over the past three years a pattern as to the complaints is beginning to appear, and a rough mathematical ratio may be approximated.

In about one-half of the cases patients, or their families, are entirely at fault, either because of being disgruntled, or failing to comprehend, through ignorance or illness.

In about one-fourth of the cases the doctors, while blameless to a high degree, have failed somehow to give their patients a clear and complete understanding as to fees and time of payment. This may be due in part to the lack of efficient help in the office, or to stress of work during the strenuous war years.

The remaining one-fourth is about equally divided into these three categories:

1. Mostly of recent membership in the Association, some speaking broken English, most with foreign education. They either cannot or will not learn the ways of the American physician. They become arrogant without cause, charge specialist fees, and bring undue pressure on patients to pay, regardless of ability to pay exaggerated fees. They seem to be worshipers of the "Golden Calf" rather than followers of the "Golden Rule."

2. Otherwise decent physicians, overworked and harassed and exasperated by nagging, unreasonable patients. These doctors, in a moment of pique, stung by a multitude of barbs of unreasoning calls on their time and thought, will tell their secretaries, "Double that bill, maybe that will make them realize that other patients need attention." The doctor or his secretary then forgets his immediate pique, and in due course of time the doubled account is given to a collection agency which then brings pressure for payment, often with threat of legal action. This variation of the usual or established fee schedule is uncollectible by legal means, and if attempted is apt to bring on the doctor a stinging rebuke from the court. Most physicians, when their attention is called to this point are thoroughly ashamed of their action, natural thought it be.

3. This type comprises the least in number, but the most dangerous. It is composed of physicians regrettably in the Association. They are such as make unconscionable charges, exaggerate the value of their services, bring great pressure on patients or relatives to pay, flatter their patients early, and then coldly demand their "pound of

flesh." They are apt to be repeaters in having complaints brought against them, apparently not learning from experience or advice. They bring the Association into bad repute, they make it difficult for other members to secure coöperation with the public, and by implication they put the Association on the defensive with the public. I consider these to be the most dangerous of all the types enumerated.

During the past difficult year the Committee has given of its time, thought, and experience freely and willingly, with the utmost in coöperation between its members, and the chairman hereby acknowledges his indebtedness and thanks to his fellow members for their effort and coöperation. Also the Committee takes this occasion to congratulate the Association on the efficiency and understanding exhibited by the headquarters clerical staff, especially by Miss Thomas, on whom the burden has fallen to the greatest degree, and to Mr. Cochems, for his sound common sense and his timely advice.

Finally, the Committee has worked hard and deserves a rest.

Respectfully submitted to the Council.

THE FEE COMPLAINT COMMITTEE,  
(Signed) GEORGE P. LATON, M.D.,  
Chairman. (Jan. 4, 1946.)

### Group Accident-Sickness Insurance Program of the Los Angeles County Medical Association

The number of applications flowing in with every mail indicate that enrollment qualification for the Association's Group Accident and Sickness policy shortly will be complete.

While obviously good news for those members who have applied, the close of the qualification period will mean a lost opportunity for those present members who have not made application, since (except for new members and returning military personnel) insurance on the present basis will not be obtainable after enrollment period expires.

Following this original enrollment period, applicants who are present active members will be required to demonstrate full insurability from a physical standpoint. This will be particularly unfortunate for the older members, since experience on the part of insurance companies indicates that applicants over 50 years of age, in large percentage, fail to qualify for sickness insurance in view of medical histories considered unfavorable for that type of protection.

As to cost: Members who have checked the rates charged and policy conditions, under the Association's program, with rates charged and conditions, under individual policies, have, understandably, asked, "How can this be?" since the normal relationship between quality and price does not exist in this insurance. Amount of indemnities and broadness of protection are unmatched even at far greater cost.

Only the actual wholesale nature of group insurance makes possible the combination of complete deviation not only from normal costs, but also normal underwriting requirements and policy restrictions. From the insurance company's standpoint, the purchases of the membership represent a single sale to the Association; the collective premiums being paid from its Group Insurance account in a single sum twice a year. Hence, commission and collection costs are fractional compared to individual sales and the employment of the very brief and non-selective enrollment-application eliminates underwriting costs, inspection report and medical examination costs.

The San Diego County Medical Society closed its en-

rollment period with 82 per cent of its membership insured and the Southern California State Dental Association with 78 per cent of its membership. It is to be hoped that members of this Association who desire to protect that important asset, earning ability, will not, through oversight, neglect to apply during the enrollment period. This is the only time that the company is obligated to accept all applications from members in active practice and not having attained age 65.—*The Bulletin*.

\* \* \*

#### Los Angeles Group Disability Insurance Plan Sets a Record

Enthusiastic participation by the membership of the Los Angeles County Medical Association has resulted in a new national record being established for a professional organization of this size. As of February 15, the end of the final extension of the qualification period, more than 79 per cent of the 3,000 active members were insured under the Association Group Disability Policy.

Even though the qualification period is closed, experience with other associations indicates that a continually larger percentage of members will participate by virtue of the very obvious benefits of the Group protection. Not only is the premium saving a substantial dividend on Association dues, but the terms and conditions of the policy far exceed those obtainable through individual purchase. Present members under the age of 65 may insure under the group at any time by submitting evidence of insurability satisfactory to the underwriting company. New members, and those returning from military service may obtain the benefits of this unusual protection without evidence of insurability providing they apply within sixty days of establishment of practice in the county.

Insurance has been in force since January 15 on all members who enrolled prior to that date. On all applying subsequently, insurance is in force on the date applications are received by the Nettleship Company, which organization is administering the program for the Association. Certificates of Insurance under the Group Policy will soon be in the hands of all who have enrolled.—*The Bulletin*, March 7, 1946.

#### "Grading" of Doctors in Alameda County

Oakland physicians and surgeons may soon find themselves classified as to ability for surgery or medical practice in hospitals throughout the Oakland area.

The plan is already in action at Oakland's Merritt hospital where two separate three-man boards have been set up to survey doctors applying for the use of Merritt hospital facilities.

Aim of the program, according to hospital directors, is to elevate hospital standards and improve medicine and surgery in Alameda county.

A three-man surgery committee at the hospital designate doctors as senior surgeons, surgeons or junior surgeons depending upon replies to a questionnaire and examination by the committee. By a similar manner, another three-man committee names doctors as internists or general practitioners at the hospital.

Protests to the plan brought the following statement from Rollen Waterson, executive secretary of the Alameda County Medical Association:

"The Alameda County Medical Association definitely approves any efforts on the part of any hospital to raise standards and we will cooperate."

He admitted that verbal protests have been made to the plan by some doctors on the grounds that they have not or may not be correctly classified by the hospital boards.

"While the medical association has received no formal

protests, the verbal complaints have caused us to name a committee to investigate all methods employed by hospitals here in classifying doctors," Waterson said.

1 1 1

Meanwhile, 150 Alameda county physicians met Tuesday night at the Ethel Moore Memorial building in Oakland and organized a General Practitioners Association.

Dr. Stanley R. Truman, chairman of the new group, emphasized that its organization was not the outgrowth of any complaints against the new system established at Merritt hospital.

"It is our intention to give voice to the general practitioners and we hope to become a section of the Alameda County Medical Association eventually," he said.

He pointed out that the American Medical Association created a section on general practice at its annual meeting in Chicago last December, and Oakland doctors have patterned their association in the same fashion.—Oakland *Post-Enquirer*, February 21.

### COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

#### University of California Medical School in San Francisco Receives an Additional \$4,000,000 for Expansion of Its Medical Center

Examiner Bureau, Sacramento, March 6.—In a ceremony attended by many members of the staff of the University of California's medical center, Governor Warren signed today a bill appropriating \$4,000,000 for reconstruction and expansion of the San Francisco institution.\*

In addition to today's appropriation, hailed by leaders of the medical profession as paving the way for "one of the great medical schools of the world," the administration's \$154,000,000 postwar construction program includes \$5,080,000 for other facilities, and an additional \$2,000,000 appropriation in 1943 also is available. This brings the total program to \$11,080,000.

1 1 1

The \$4,000,000 measure will make possible replacement of three buildings erected more than fifty years ago and designated as fire and earthquake hazards.

They house part of college of dentistry, pharmacy, library and valuable equipment and records.

In addition, \$4,670,000 will be available for a teaching hospital, \$2,275,000 for a medical science unit and \$135,000 for dental clinic expansion.—San Francisco *Examiner*, March 7.

#### Governor Warren Signs Bill to Expand U. C. Medical Center in San Francisco

Governor Warren yesterday signed a bill appropriating \$4,000,000 for the expansion of the University of California's medical center on Parnassus Avenue.

The Governor expressed the hope that the day will come when the State University Medical School will become "one of the great medical centers of the world."

The bill, introduced by Assemblymen Gardiner Johnson, Berkeley, and Thomas A. Maloney, San Francisco, will provide funds for the replacement of three buildings more than 50 years old. Buildings will be erected in their place to house the medical school, college of dentistry, college of pharmacy, and the library.

The additional space to be provided will permit moving to San Francisco from the Berkeley campus the depart-

\* For Address of Governor Earl Warren, see p. 238.

ments of anatomy, physiology, and biochemistry. A teaching hospital will be completed. (See March CALIFORNIA AND WESTERN MEDICINE, p. 142.)

The bill was signed in the presence of university officials. These included Dr. Francis F. Smyth, dean of the medical school; Dr. Troy C. Daniels, dean of the college of pharmacy; Dr. Willard C. Fleming, dean of the college of dentistry; James H. Corley, controller of the university; F. S. Durie, hospital superintendent, and others.

The Governor said he was particularly interested in the medical school aiding the general development of public health. He was assured by the doctors present this would take place.

Dr. Hamilton H. Anderson, however, said that while there are centers to treat tropical diseases in New York and New Orleans, there are none in California to take care of the "Pacific basin." Warren said he believed establishment of such a center was desirable to care for the many veterans returning with malaria and other diseases. —San Francisco *Chronicle*, March 7.

(Note. Governor Earl Warren also signed the bill for a \$7,500,000 appropriation to establish a new medical school—probably a department of the "University of California at Los Angeles," on February 20, 1946.)

#### Medical School Honor

##### *Dr. John R. Mitchell Receives Cane, Traditional Prize of Profession*

A gold-headed cane has become the most prized possession of Dr. John R. Mitchell, 45 Lincoln Way, a recent graduate of the University of California Medical School.

It was presented to the 31-year-old physician by Dr. William J. Kerr, head of the school's medical department, after Dr. Mitchell had been voted by faculty and students as the member of his class having "outstanding qualities of a true physician."

For the last eight years presentation of a gold-headed cane has been a feature of graduation ceremonies of the medical school. The cane always is inscribed with the name of the winner and the sign of Hippocrates, and carries with it a scroll stating why the recipient was chosen for the honor.

A native of Manchester, Mo., Dr. Mitchell is married and the father of a two-year-old son. —San Francisco *Chronicle*, February 23.

## CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

### Los Angeles Medical Veterans Group Organized

A general meeting of Physician Veterans was held in the lounge of the Los Angeles County Medical Association on January 4. At the request of a number of interested physicians invitations were sent by the Secretary of the County Medical Association to all known physicians in the five Southern California counties who have returned from active duty with the Armed Forces. Announcements were also sent to all military and civilian hospitals in the area.

Dr. Louis J. Regan, President of the County Medical Association, opened the meeting and offered the assistance and facilities of the Association in forming an organization of Veteran Physicians. He later expressed the opinion that the group would be more influential in matters of public interest if it were independent, and not a part of present medical organizations.

The group decided to form a permanent organization of Medical Veterans. Nominations were received from

the floor and the following were elected temporary officers: President, William Leake, M.D.; Vice-President, Wells C. Cook, M.D.; Secretary, Frederick A. Bennetts, M.D.; Treasurer, William Delphay, M.D.

The following were named members of the Executive Committee: Doctors Clarence J. Berne, Lewis T. Bullock, Paul D. Foster, Ralph E. Netzley, J. Norman O'Neill, Edward C. Palette, Robert Stern, and Warren A. Wilson.

The Executive Committee was directed to prepare a Constitution and By-Laws to be considered at the next meeting. It is proposed that the organization be national in scope with units in all states and counties.

The organization has the immediate purpose of assisting physicians returning from the armed services in re-establishing their practice in order that they may make a contribution to the health of their communities and earn a living for their families. It is felt that the group has the universal backing of all doctors in this purpose. A meeting of the Executive Committee has been held and committees appointed to attempt to solve the problems of office space, purchase of surplus medical property, delay in obtaining narcotic licenses, and ineligibility of physicians on terminal leave to the educational and loan provisions of the G.I. Bill of Rights.

A unified approach to the governmental agencies responsible for providing assistance which is theoretically available to veterans may eliminate some of the present inefficiency. A committee has also been appointed to develop a liaison with other veterans' organizations. The feasibility of association of the Medical Veterans' group with one of the regular veterans' organizations is being considered.

The organization has the eventual purpose of utilizing the experience in governmental medicine of many capable physicians for the improvement of the health of the country and the medical care provided for the Army and for veterans. Apparently many false statements have been made concerning the conclusions of capable physicians, after extensive experience in governmental medicine, concerning the value of governmental influence in providing medical care for the individual.

The crystallization and expression of the opinion of all veteran physicians concerning the effect of further governmental influence over the private practice of medicine should be of great value to the country in deciding upon proposed changes in the method of providing the most efficient medical care for the average citizen. The organization proposes to determine and express the opinion of Veteran Physicians concerning socialized or governmental medicine.

If national organization can be completed in time the group may be of value to private physicians still in the armed services. Medical officers are unable to express their opinions. In the past war no group has considered the question of the waste of medical talent by the regular services. No group has investigated the question of whether promotions in the Medical Corps were correlated with training, experience and ability. Volunteer physicians in the armed services have had no voice. In case of a future war, the existence of a civilian organization with experience and interest in medical service in the Armed Forces should be of value in providing an efficiently organized Medical Corps.

The President was requested to express the appreciation of the group for the consideration shown by the County and State Medical Associations in the matter of dues for 1946. He was requested to express the appreciation of the group to the County Medical Association for its assistance in holding the organization meeting.

# On Organization Plans for Medical Veterans\*

(COPY)

MEDICAL VETERANS' ASSOCIATION OF  
LOS ANGELES COUNTY  
1921 Wilshire Boulevard  
Los Angeles, Calif.

March 23, 1946.

Dr. George H. Kress, Editor,  
CALIFORNIA AND WESTERN MEDICINE, *Addressed.*

Dear Mr. Editor:

Enclosed is a letter, relative to the "Medical Veterans' Association of Los Angeles County." This Association has been organized and is very desirous of publicizing the type of organization, its objectives and aims to the medical veterans generally, so that additional organizations may be formed throughout the country, in the hope that this organization may play a significant rôle in expressing opinions relative to proposed legislation affecting the practice of medicine.

We believe printing of this letter in CALIFORNIA AND WESTERN MEDICINE will greatly facilitate the forming of this organization, which we believe will directly assist organized medicine in its campaign to maintain the high standards of practice and avert political control of medicine.

We would greatly appreciate your coopération in this matter and the publication of the inclosed article in your Journal, in an early issue.

Yours very truly,

(Signed) F. A. BENNETTS, M.D., *Secretary.*

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MEDICAL VETERANS' ASSOCIATION  
OF LOS ANGELES COUNTY

## Why Medical Veterans Should Organize

Physicians returning from military service will face many problems in reestablishing their practice which may advantageously be approached through mutual association. The combined experiences of these men in the past war will be of great value to this country in solving the problem of medical care for the public and for the soldiers in case of a future war. The excellent performance of the Medical Corps, and the unselfish devotion of the medical officers to the welfare of the country in the war, is universally recognized by the public. The opinion of these men concerning methods of providing the best medical care for the public will receive respectful attention by the public. The physician veteran will continue to have particular interest in addition to those of all other veterans. An organization of medical veterans will have a useful function in the problems facing the medical profession, the veterans themselves and the public.

After a preliminary meeting of a few interested men, a general meeting of all medical veterans in Southern California was called in Los Angeles on January 4, 1946. A decision was made to form a permanent medical veterans organization. The following officers were elected: President, William H. Leake; Vice-President, Wells C. Cook; Secretary, Frederick A. Bennetts; Treasurer,

William E. Delphey. A committee was appointed to draft a constitution and by-laws. The name Medical Veterans' Association was adopted and subsequently the constitution and by-laws approved by the membership. It is proposed that this eventually be a nation-wide organization. It is hoped that similar groups will be formed in other areas to help solve the immediate problems of returning physicians and that these eventually be combined. The Secretary will be pleased to provide copies of the constitution and by-laws of the California group to any veterans group interested in the project.

The chief aims of the organization are considered to be the following:

1. To assist the returning physician in every possible way in reestablishing his practice.
2. To assure that the highest standards of medical care be provided for the treatment of all veterans with service-connected disabilities.
3. To crystallize the experience of former medical officers in governmental medicine, to determine their conclusions concerning the value of governmental influence over the practice of medicine, and to publicize these conclusions.
4. To advise and assist in the improvement of the organization of the medical services of the United States Armed Forces for future emergencies.

Various committees have been very busy in helping to solve the problems of returning physicians. The housing committee has had numerous meetings with the medical building managers, has developed certain principles in the allotment of available space to protect the returning doctors, and has had representatives of the building managers address the group. The narcotic license committee has helped to reduce the time required to obtain a narcotic license with which to restart practice. The surplus property committee has had numerous meetings with representatives of the Reconstruction Finance Corporation and the War Assets Corporation in an effort to make surplus medical property available to returning doctors. A representative of War Assets Corporation is addressing each meeting of the group concerning their progress with this problem. The committee recently testified before a Senate investigating committee composed of senators.

They outlined the complete confusion existing at present and were promised a solution of the problem by the senators. A committee at present is working on an exception in the law which excludes most physicians from the tax exemption said to be available to veterans.

There will be numerous problems arising concerning medical care for veterans. The group of medical veterans appear to be well-qualified to advise the government concerning these problems.

Many unsupported and apparently incorrect statements have been made concerning the attitude of doctors in the Armed Forces concerning the value of governmental supervision of the practice of medicine. The real conclusions of these men who have had extensive experience with governmental supervision, and whose sincerity cannot be questioned, is a matter of great public importance. This group proposes to determine and express the ideas of these men on the subject.

In the past war many difficulties faced by medical officers could have been avoided if there had been a civilian group experienced and willing to call the facts to public attention. In case of a future war a group of men who have had experience with the problems should be of great value to the doctors who under the facts of military discipline cannot speak for themselves.

Such a new organization obviously faces two dangers. The hardships experienced in the Army and on return to

\* Note. For notice of a meeting in Los Angeles, see in "Pre-Convention Bulletin," on page 196.

civilian life could result in an excessive attitude of selfish aggrandizement for the veteran. This problem has been avoided by the Los Angeles group, which has received the wholehearted support of the entire profession in its reasonable program to assist the veteran in returning to his practice. After the immediate problems are solved there may be a loss of interest. There appear to be numerous problems which will give the organization a permanently useful function to its members, the profession and to the public.

The organization can be most useful with no connection with the County Medical Association or the American Medical Association and the constitution makes it entirely independent. The Los Angeles County Medical Association has offered its entire facilities and has been most helpful in getting the organization started. It is anticipated that groups in other areas will receive the same degree of coöperation.

A liaison has been established with the other veteran organizations. Extensive coöperation with them is planned, particularly in considering medical problems. Some type of affiliation may be considered in the future. Many members of the group are also members of a regular veterans organization.

After careful consideration membership was made available to medical veterans of all United States armed conflicts. Veterans of World War II will undoubtedly be in the great majority. Membership is also open to veteran dental and nursing corps officers of the Army, Navy, Coast Guard and Public Health Service.

It is felt that the organization of similar groups in other communities will be of benefit to the returning doctors, the medical profession and the public.

*The Bulletin* of the Los Angeles County Medical Association for February 7, 1946, printed the following form blank:

*Attention: Doctors Returning From Service*

*What are your problems?*

*How can we help you?*

*We invite you to join our Medical Veterans' Association formed to assist the returning physician in every way possible in reestablishing his practice.*

*For more information regarding our association, communicate with the Secretary, Dr. Frederick A. Bennetts, 1921 Wilshire Blvd., Los Angeles 5, Calif.*

*Do you need office space? The housing committee of the Medical Veterans' Association would appreciate your filling in the questionnaire appearing below in order that they may take steps to help you.*

Name .....

Address .....

Telephone .....

Specialty .....

Special Attention to:

General ..... ☐

Desired Location:

(Check one)

Metropolitan Area ☐

Wilshire ☐

Beverly Hills ☐

Hollywood ☐

Southwest ☐

Preferred Requirements:

1. Association ☐

2. Office space alone ☐

3. Hours (will accept) ☐

Morning ☐

Afternoon ☐

4. Amount space desired: ☐

Suburban:

(a) Preferred Locale .....

Building Preference: .....

Were You a Former Tenant? Yes ☐ No ☐

*Please return completed questionnaire to the Housing Committee.*

HOUSING COMMITTEE MEDICAL VETERANS' ASSN.

Paul D. Foster, M.D., J. Norman O'Neill, M.D., Wells C. Cook, M.D.

## Home-Town Medical Care for Veterans on Trial in Two States: Michigan and California

"Home-town medical care" for veterans with service-connected disabilities is now being tried out in California and Michigan, the Veterans' Administration has advised the American Legion, which is watching the experiment with a great deal of interest.

Doctors of the California and Michigan State Medical Associations have signed contracts with the veterans' agency, General Omar N. Bradley, administrator of veterans' affairs, said. He added that doctors of North Carolina are discussing participation in the program.

At the same time the V.A. announced it was negotiating with the American Hospital Association for use of some 20,000 beds in 3,400 civilian hospitals. This plan, V.A. officials said, will extend over the nation and include the 450 civilian hospitals now under individual contract in various communities.

### Local Care Possible

Once the entire program has matured, it will permit veterans to receive treatment and care for service-connected disabilities from their local doctors and hospitals instead of going to V.A. hospitals which might be outside their home communities. It will also spare excessive crowding of V.A. facilities.

For the week ending December 27, 1945, there were 1,940 veterans receiving care in civil and state hospitals, the V.A. said.

American Legion officials stated in Washington they had given no endorsement to the "home town medical care" experiment, but were watching it closely. They said they were interested in having adequate hospitals and medical facilities for veterans with service-connected disabilities. They added the Legion's basic philosophy always has been that the Federal Government should build enough veterans' hospitals, fully staffed by competent medical men, so that beds would be available for all veterans in need of treatment.

Under the new plan, the V.A. contracts for a standard of hospital service and gives the veteran with service-connected disabilities a free choice of doctors. The contracts with doctors' associations are negotiated separately.

### Army Medical Library

The following additional information from a brochure, "The Most Important of the Four":

Army Service Forces, Medical Department, Major General Norman T. Kirk, the Surgeon General.

The Army Medical Library, 7th Street and Independence Ave., S.W., Washington, D. C.; Colonel Leon L. Gardner, M.C., U. S. A., the Director; Mr. Wyllis E. Wright, the Librarian.

Sponsored by the Association of Honorary Consultants to the Army Medical Library.

Association of Honorary Consultants to the Army Medical Library:

President of the Association and Chairman of the Executive Committee: Dr. John F. Fulton, Yale University School of Medicine, New Haven, Connecticut.

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The Executive Committee: Dr. Clyde L. Cumber, Cleveland Medical Library Association, Cleveland, Ohio; Dr. Wilburt C. Davison, Duke University School of Medicine, Durham, North Carolina; Dr. Morris Fishbein, American Medical Association, Chicago, Illinois; and Major General George F. Lull, American Medical Association, Chicago, Illinois.

1 1 1

The late Dr. William H. Welch, eminent pathologist of Johns Hopkins University, said: "I have been asked on more than one occasion what have been the really great contributions of this country to medical knowledge. I have given the subject some thought and believe that four should be named: (1) the discovery of anesthesia; (2) the discovery of insect transmission of disease; (3) the development of the modern public health laboratory in all that the term implies; (4) the Army Medical Library and its Index-Catalogue. *This library and its catalogue are the most important of the four.*"

In 1836, during Andrew Jackson's second term, Surgeon General Lovell started the small collection of books which is today known as the greatest medical research library in the world.

The Army Medical Library's collection includes 513 medical incunabula. Of some works, it has the only known copy. There is a collection of early manuscripts from European and Oriental sources and an extensive collection of rare sixteenth and seventeenth century medical works.

There are theses published at the University of Paris (considered to be the most complete collection in existence); a vast collection of vital statistics; and a medical art collection including some 10,000 items, with references to more than 50,000 portraits and illustrations.

Material of clinical importance flows into the Library from nearly every country in the world. Russian publications, Chinese periodicals, Icelandic, Turkish, Hungarian, Croatian, Portuguese, Dutch, Swedish, and Spanish monographs and journals all make their contribution to the Library's collection. Over 3,500 serial titles are regularly recorded. In all there are over a million items of which more than 500,000 are bound volumes.

It has been well said that books are properly compared to tools of which the index is the handle. This wealth of medical knowledge has been made accessible through the Index-Catalogue, conceived by the first Librarian, Colonel John Shaw Billings.

Basic bibliography of medicine since 1880, the Index-Catalogue has world-wide distribution. Its most recent volume covers 6,000 medical and scientific subjects with a total of 105,000 references.

Inter-library loans, bibliographical and photoduplication services make it possible for the doctor, wherever he may be, to have at his beck and call all of the Library's resources. Through these services over a half million pages of medical information per month are distributed to all parts of the world.

Today's demands for greater medical knowledge have placed heavy responsibilities on the Army Medical Library. To meet these responsibilities and to provide proper housing for its ever expanding collection a new and larger building must be secured.

Building plans have been drawn adequate to meet these needs. The site has been approved. An organization of sufficient strength to carry forward has been planned.

The Army Medical Library looks forward to the time when it will become a part of the proposed group of cultural and research centers with the Folger Library and the Library of Congress on Capitol Hill. Thus will be provided in one central location the greatest assemblage of means for cultural research that the world has ever known.

All efforts are directed toward bringing about the success of these plans. This great medical research library must continue to build and interpret its collection in support of medical progress.

The Army Medical Library looks forward to new horizons in library service, for all who work for the betterment of mankind through the prevention of disease and the alleviation of human suffering.

#### U. C. Man Appointed to Veterans' Post

Dr. Karl M. Bowman, professor of psychiatry in the University of California Medical School and superintendent of the Langley Porter Clinic, has been appointed consultant in neuropsychiatry for Branch 12 of the Veterans' Administration.

In this position Dr. Bowman, an internationally known psychiatrist, will supervise neuropsychiatric activities of the Veterans' Administration in California, Arizona, and Nevada.

#### New Addition for Ft. Miley V.A. Hospital

A 1½-million-dollar grant for a tuberculosis addition to the Fort Miley Veterans' Hospital today headed a list of three Veterans' Administration hospital projects totaling \$4,596,219 planned for the San Francisco branch area.

A 250-bed general medical hospital will be built at Fresno at a cost of \$2,634,676, according to Veterans' Administration General Omar N. Bradley. Another 200-bed general hospital, to cost \$2,380,440, is scheduled for Phoenix, Ariz.

Funds for construction projects have been turned over to the U. S. Army Engineers, who will supervise the building.

### COMMITTEE ON PUBLIC POLICY AND LEGISLATION

#### Warren Signs Disability Insurance Bill

Sacramento, March 5.—(UP.)—Governor Warren today signed a disability insurance bill passed by the Legislature, calling it "one of the most important bills enacted in recent years."

The measure goes into effect in May, 1947, and allows payment of regular unemployment insurance benefits to persons out of work because of illness or non-industrial injury.

#### Comfort for Thousands

"I believe this bill is going to bring a lot of comfort into hundreds of thousands of workingmen's homes who otherwise would be just destitute when illness strikes the breadwinner," Warren said. "I'm satisfied it's sound in principle and can be administered efficiently."

Under the measure the present 1 per cent employee payroll tax will go into a disability fund beginning May 21. Benefit payments will start a year later unless the Federal Social Security Board allows the use of taxes already paid. In that case, payments would begin this fall.

Payments range from \$10 to \$20 a week for 23 weeks. Some 2,500,000 persons will be covered by the system.

#### Paid Into Fund

Warren said that since the present payroll tax is used to support the system, "the working people of the State are not getting something for nothing. They have been paying into the fund since 1937 and have got nothing for their share."

California is the second State to try a sickness benefits system, and Warren said it is "pioneering in this field just as it did 30 years ago with industrial accident insurance."

The Governor also signed a bill setting workmen's compensation insurance benefits at \$30 a week for the next two years. Payments for temporary disability were raised three years ago from \$25, while permanent disability payments have remained at \$25.—Los Angeles Times, March 6.

\* \* \*

#### **Governor Signs S. 40 (Shelley Bill) Setting Up a Disability Insurance System in California**

Payments of sickness benefits in California under the Shelley bill was signed on March 5 by Governor Earl Warren.

The measure sets the start of payments as one year after the effective date of the act, which in turn is 90 days after the adjournment of the present legislative session. . . .

Provisions of the bill include:

1. All persons now covered by unemployment insurance are covered by the act, except—employees participating in a sick leave plan giving at least as good benefits as those in the state system can withdraw from the state system.

2. Payments would range from \$10 to \$20 a week for periods of nine to 23 weeks, depending on the amount of money earned during the year previous to the disability. Income of \$2,000 a year qualifies an employee for maximum benefits. However, if a person draws both unemployment and sickness benefits within one year, he may get a combined total of only 35 weeks of benefits.

3. A waiting period of seven days is enforced before payments start for each illness.

4. Application for benefits will be made directly to an office of the State Department of Employment, supported by a certificate from a physician or a practitioner of a recognized healing art. The application must be renewed each week as with unemployment insurance.

5. The payments are financed from the 1 per cent payroll tax on employees. Officials estimate that payments will be around 28 million dollars a year and that income will be around 36 million dollars a year.

The bill provides for unemployment insurance benefits for persons out of work because of illness or non-industrial injuries and for economic reasons.

A 1 per cent employee payroll tax will go into a disability fund beginning next May 21. Payments will start a year later unless the U. S. Social Security Board allows use of taxes already paid. In that case, payments would begin this fall.

Payments range from \$10 to \$20 weekly for nine to 23 weeks.

A person would be eligible for both unemployment and disability insurance within a year, but the combination is limited to 35 weeks.

#### **British Medical Bill Opposed**

##### **50,000 British Doctors Raise Fund Against Socialization**

London, March 8—(INS)—Some 50,000 British physicians today were reported subscribing to an \$8,000,000 fund to fight the Labor Government's nationalized health service should it "conflict with the best interests of medicine."

Said the British Medical Journal:

"Whether the fight will be necessary will not be known until the contents of the (government) bill are revealed."

The physicians were reported considering continued private treatment of patients, in opposition to the government program, should lectures and other means fail to force modification of any aspects of the nationalized service considered objectionable.

Some \$500,000 of the fund would be used to finance the propaganda campaign. The balance would compensate physicians for money lost by refusing to practice for the government.—San Francisco Examiner, March 9.

## **COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS**

#### **Los Angeles County Allocates \$1,500,000 for Branches of Los Angeles County General Hospital**

In a move to ease a critical shortage of hospital beds in Los Angeles county which is threatening public health, the Board of Supervisors on February 19, earmarked \$1,500,000 of State funds allocated to this county under the Field bill be set aside to finance a proposed \$3,000,000 program of branch hospitals.

At the same time, the board adopted a motion by Supervisor Raymond V. Darby to instruct County Manager Wayne R. Allen to negotiate with the Federal Government for acquisition by the county of the U. S. Army Port of Embarkation Hospital at Torrance so that 300 patients from the Los Angeles County General Hospital can be moved there by April 1.

The proposed program of branch units of the Los Angeles County General Hospital calls for the Torrance institution to accommodate Long Beach and the harbor area, another to be built in the San Fernando Valley and a third to be constructed in Pomona Valley. The three units are to be the first in the branch hospital program which Allen was asked to submit to the supervisors.

In addition to the \$1,500,000 of State funds a similar amount will be raised by direct tax levy or by a bond issue to be submitted to the voters next November to match the State funds. Under the proposal each branch hospital would accommodate from 250 to 300 patients and cost an average of \$1,000,000 a unit to construct.

Superintendent of Charities Arthur J. Will told the supervisors General Hospital now has 3,279 patients or 279 more than the largest load in its history. He declared there is immediate need for 1,600 additional beds in the hospital.

#### **Director of State Hospital Survey Named**

Dr. Philip K. Gilman of San Francisco, has been named to conduct a State-wide survey of California hospitals as authorized in a bill recently signed by Governor Warren.

Dr. Gilman was appointed by Dr. Wilton L. Halverson, State public health director.

The survey was approved by the recent Legislature at the request of the Governor. It will permit California to share in a Federal aid program for the extension of hospital facilities. An appropriation of \$25,000 was made to carry on the survey. Coordination of hospital services within and between communities is an objective of the survey.

#### **Blue Cross Plan Is Making Gains in Southern California**

During the past year, members of the nonprofit Southern California Blue Cross Plan, received a total of 107,241 days of hospital care which, at current hospital



rates, represented a saving of \$1,117,077.30, according to Ralph Walker, executive director.

During the same period, membership in the plan increased 51½ per cent over 1944 and five new additions were made to the member-hospital roster, Walker said.

For the first time in the history of the organization, community-wide enrollments were recently conducted in Alhambra and Ventura during which self-employed persons were eligible for membership. A similar campaign is now under way in Bakersfield.

According to Walker, Blue Cross was founded in 1937 by the Hospital Council of Southern California so that employed persons could prepay the cost of hospital bills on a voluntary, nonprofit basis.

At the present time there are 350,000 members in California, while nationally the figure is now close to the 20,000,000 mark, with an average work-day growth of 17,000.

A total of 81 hospitals comprise Blue Cross in the southern area, and care is rendered by them on a service rather than a reimbursement basis.

During the year, Blue Cross contracts have been liberalized to cover all known diseases and injuries, Walker said.

To keep pace with the rapid growth of the plan, branch offices have been established in San Diego, Santa Barbara, Fresno and Bakersfield. Headquarters is located at 743 South Grand View Street, Los Angeles.

### **American Hospital Association Prints Important Brochures on Hospital Organizations and Planning**

To offer expert guidance to the many organizations and civic groups now contemplating the establishment of new hospital facilities in their communities, a group of articles reprinted from the 1945 Hospital Review is now available from the American Hospital Association. Discussions of important phases of hospital organization and construction, published in three pocket-sized booklets, are entitled:

"Measuring the Community for a Hospital" (early considerations in planning).

"Organization of the Medical Staff."

"The Governing Board of the Hospital."

Prepared by Warren P. Morrill, M.D., director of research of the Association, each of the treatises was submitted for criticism to more than thirty leaders in the professional fields, and various points of view were incorporated. A fourth article, "The Administrative Aspects of Hospital Planning," is designed to assist the building committee when it begins work with the architect. This article, though unavailable in reprint form, may be found in the complete Book I of the 1945 Hospital Review, "The Individual Hospital."

"Measuring the Community for a Hospital" is available through the Department of Public Relations, American Hospital Association, Chicago 10, for \$.25 per single copy and \$.15 per copy in quantities of five or more. "Organization of the Medical Staff" and "The Governing Board of the Hospital" may be ordered at \$.20 per single copy, or \$.12 per copy in quantity.

### **The Blue Cross Plan**

Close to sixteen per cent of the people in the United States are members of the Blue Cross hospital plan. John R. Mannix Chairman of the American Hospital Association's Blue Cross plan commission, gave these figures recently in Washington. (Weekly Underwriter, January 19, 1946).

... Blue Cross hospital-service organizations now have 20,000,000 members, compared with 5,000,000 in 1939. He

said that it was reasonable to predict "complete national coverage within the next five years."

*Complete national coverage* would mean the operation of the plan in each of the 48 states. At the present time, five states lack the plan: Arkansas, Idaho, Mississippi, South Carolina and Wyoming. Voluntary methods for prepaid hospital care thus seem to be increasingly popular.

### **Commission on Hospital Care Report**

Expansion of services of the large general hospital to include tuberculosis and nervous and mental care may well take place in the future, suggested Arthur C. Bachmeyer, M.D., at the Midyear Conference February 8 and 9 of the American Hospital Association. The director of study of the Commission on Hospital Care,—an independent public service committee studying hospital facilities in the United States and initiated by the Association,—Dr. Bachmeyer spoke before officers of hospital organizations of the United States and Canada. The conference was held in Chicago's Drake Hotel.

Discussions of relationships of the general hospital to all types of health care bring the following considerations to the fore, Dr. Bachmeyer told the conferees:

The advisability of constructing new tuberculosis facilities adjacent to and operated in conjunction with large general hospitals.

The provision of facilities in large general hospitals for diagnosis of nervous and mental patients, and for treatment of those patients not in need of long-term institutional care.

The feasibility of expanding the functions of special communicable disease hospitals now operated by cities, towns, and villages to include all types of illness.

The possibility of the maintenance of nursing schools by large institutions only, which would affiliate for rural hospital experience with hospitals in smaller communities; improved hospital care for Negroes; and the computation of the need for hospital beds in local or statewide areas based upon the ratio between the death rate and the days of hospital care, were other proposals related to the group by Dr. Bachmeyer.

"Action on state surveys of hospital facilities has now been taken in every state and in the District of Columbia," he said. "Thirty-one surveys are now actually in progress.

"Because developments have come rapidly, the Commission feels that it can complete its work by October 1, 1946, the termination date of the original two-year allotted period," stated Dr. Bachmeyer.

It is expected that the Commission's report will be published shortly thereafter.

### **Chicago Hospitals Crowded**

*More than twice as many* patients were handled by the hospitals of Chicago and Cook County in 1944 than 10 years earlier. Daily occupancy rose from over 5,000 in 1934 to 11,461 in 1944. An official of the American Hospital Association for Chicago and Cook County stated (Chicago Tribune, January 16, 1946) that:

Such institutions are more crowded today than at any time during the last 10 years, principally because more persons now are able through insurance or greater earning power to pay for such hospital care.

*The significance* of this statement lies in the fact that a similar situation exists throughout the country. Whatever the reason for the increase, the fact remains that the hospitals are operating at close to capacity. Should the nation adopt compulsory health insurance, additional millions of people would be eligible for hospital care, and until present facilities are greatly expanded, there simply would not be room for more patients.





V.A.-C.P.S. Contract. Veterans' Administration officials, California Medical Association executives and medical and executive personnel of the California Physicians' Service shown in the San Francisco office of Col. T. J. Cross, acting deputy administrator, where the V.A.-C.P.S. contract for the immediate out-patient care of all California veterans was given final approval.

Standing, left to right, Dr. A. E. Larsen, medical director C.P.S.; Richard Lyon, operations manager C.P.S.; Dr. John W. Nielsen, V.A. liaison medical officer, Los Angeles; Col. James G. Donnelly, manager, San Francisco V.A. hospital; Robert Shields, manager, San Francisco regional office; Raymond H. Castro, finance officer, San Francisco regional office; Col. C. E. B. Peeke, V.A. director of public relations; Dr. Chester L. Cooley, secretary C.P.S.; Col. F. G. Bell, director of medical service V.A.; Col. Charles W. Colebaugh, chief, out-patient and reception service, Los Angeles V.A. hospital; Maude Maxwell, supervisor medical dept., Los Angeles; Dr. William Gardenier, assistant medical director, C.P.S., Los Angeles area; Lt. Col. Darling, V.A. liaison medical officer, San Francisco; W. M. Bowman, executive director, C.P.S. Seated, Maj. L. E. Briscoe, chief, out-patient and reception service, Fort Miley, V.A. center, San Francisco, and Col. Cross.

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### California Physicians' Service—Veterans' Administration Program

*(Release for Publication from California Physicians'  
Service on March 21, 1946)*

### INSTRUCTIONS

There will be mailed to each C.P.S. physician a booklet containing forms, known as VET 52, which will be used

to determine eligibility for treatment. This form represents a request for authority for treatment.

(1) The first step in the care of the veteran is to have this form completed in duplicate in all cases.

(2) This form is a request for authority for treatment. It should be mailed to C.P.S. the day it is completed.

(3) Send both copies to California Physicians' Service: North of Fresno: mail to 153 Kearny Street, San Francisco 8, California.

Fresno South: mail to 743 South Grandview, Los Angeles 5, California.

(Physicians residing in Kings, Tulare and Fresno counties: Please send all forms and communications relative to the Veterans' Program to 153 Kearny Street, San Francisco 8, California, because these counties are in the northern region of the Veterans' Administration. For regular C.P.S. business under the Commercial Program in these counties the forms will continue to be sent to 743 South Grandview Street, Los Angeles 5, as formerly.)

(4) Upon receipt of this form, C.P.S. will check eligibility for service with the Veterans' Administration. As soon as this can be determined, you will be notified of acceptance or rejection of treatment by return mail service.

### TREATMENT

If the case is accepted, you will receive notice of the extent of treatment authorized, on a second form which will be prepared in the C.P.S. office. Upon receipt of this

second form, the physician will complete the authorized service, and when this is completed, the form is to be mailed to C.P.S. as soon as possible. If further treatment, beyond that which has been authorized, is indicated, there is a place on the form to request it. Please always indicate the number of visits and any special service such as x-ray, lab, etc., which you feel may be required. When this form is completed and is received in the C.P.S. office, it represents your full report as well as your bill for services. A check for these services will be mailed to you by C.P.S.

Any service rendered by you which is not included in the authorization will not be allowed by the Veterans' Administration.

#### GENERAL INFORMATION REGARDING BENEFITS UNDER C.P.S.-VETERANS' ADMINISTRATION PROGRAM

In order to receive care under this program a veteran must have previously filed a claim with the Veterans' Bureau. When such a claim has been recorded, the veteran is entitled to care by the physician of his own choice, as follows:

##### (1) MALES:

- (a) Service incurred disabilities.
- (b) Inter-current illnesses when retarding recovery or aggravating a service connected disability.
- (c) Veterans attending school—high school, university, etc.—under the G.I. Bill of Rights, are only entitled to treatment for service connected disabilities as described in subparagraphs (a) and (b) above.
- (d) Veterans receiving Vocational Rehabilitation Training are covered for necessary treatment for any and all conditions which may interrupt training, regardless of service connection. Arrangements have been made to have Vocational Training officers give veterans taking this training a letter explaining their status. This letter should be attached to the initial report form. It will expedite issuing proper authorization.

##### FEMALES:

- (a) Females are entitled to the same benefits as described above for the male.

The above services are available to veterans who do not live within a reasonable distance of or have easy access to a Veterans' Administration Out-Patient office or hospital, with the exception that house visits, when necessary, may be provided by the physician of choice, regardless of the distance from the Veterans' Administration Out-Patient office or hospital.

- (2) Hospital Care may be authorized in private hospitals for service connected disabilities, if requested by you and approved by the Veterans' Administration when the condition of the veteran precludes travel, or when no bed is available in a Veterans' Administration hospital, with the exception that female veterans are entitled to hospitalization in private hospitals for non-service connected disabilities, if emergent, except normal child-birth, and no bed is available in a Veterans' Administration hospital or the condition of the patient precludes travel.
- (3) X-ray and laboratory procedures will be authorized in connection with the above services if requested by you and authorized by the Veterans' Administration.

**IMPORTANT:** A complete report of the findings of such procedures, should accompany your bill. Your own stationery or the reverse side of the treatment form may be used for this purpose if performed in your office. If sent out to other laboratories or radiologists, they will submit their bill directly to C.P.S. on their own stationery, and attach a copy of their findings.

- (4) Drugs provided by you will be paid for in emergencies when itemized and an extended cost given in the space provided. Thereafter the patient should be given

a prescription and instructed to send it to the Veterans' Hospital in San Francisco or Los Angeles. The prescription will be filled there and mailed to the patient.

It is requested that in so far as possible prescriptions given to the veterans for compounding at Veterans' Administration hospitals be limited to U.S.P., N.F. and Council-Accepted Drugs.

Prosthetic appliances and other materials may be paid for when itemized.

#### EXAMINATIONS FOR RATINGS

In addition to treatment for illnesses, general and special examinations for rating purposes will be requested by the Veterans' Administration. The doctor will be provided with the proper forms, and the veteran will be instructed to contact your office for an appointment to have the examination completed. The physician may bill C.P.S. by use of the regular C.P.S. Form No. 9, in duplicate, or on his own stationery in duplicate.

**Note:** In all examinations and treatments, please do not discuss with the veteran the probable degree of disability rating, or the merits of one already given by the Veterans' Administration. It is also asked that the physician not discuss the evaluation or legitimacy of benefits for treatment. These matters are purely for the Veterans' Administration to decide after review of the veteran's record. At no time should the physician disclose to the veteran information regarding the contents of his present or previous medical record.

**IMPORTANT:** The amount of information required under this program must necessarily be more complete than under the regular C.P.S. Commercial Program.

This is necessary because all reports will become part of the veteran's permanent record. They will be the basis upon which all his rights (present and future) as a veteran, will be determined. For this reason, may we urge that all reports be complete and accurate.

Our contract provides that incomplete reports will be returned to the physician for further information at no additional expense to the Veterans' Administration.

(Signed) **LOWELL S. GOIN, M.D., President.**  
*California Physicians' Service.*

## COMMITTEE ON POSTGRADUATE ACTIVITIES

### Los Angeles Physicians Invited to Attend a Series of Four Medical Lectures at U.C.L.A.

Members of the Los Angeles County Medical Association are cordially invited to attend a series of four lectures to be given as a part of the refresher courses now being offered by University of California of Los Angeles at Westwood Village.

The first series of lectures will be given by Doctor Arthur Grollman of Dallas, Texas, on the evenings of March 12, 13, in the Physics-Biology Building. Lectures begin promptly at eight o'clock.

The second series will be presented by Doctor Russell L. Cecil of Cornell University and will be given on the evenings of April 23, 24, beginning promptly at eight o'clock.

The Los Angeles County Medical Association is co-operating in making these lectures available at no cost to members. Admission will be by membership card. Further details follow:

Among prominent visiting lecturers scheduled to participate in the medical refresher courses now being offered by University of California Extension are Dr. Russell L. Cecil, Professor of Clinical Medicine, Cornell

University, and Dr. Arthur Grollman, of the Department of Experimental Medicine, Southwestern Medical College, Southwestern Medical Foundation, Dallas, Texas.

Dr. Grollman, who received his A.B., Ph.D., and M.D. degrees from Johns Hopkins University, was Associate Professor of Pharmacology and Experimental Therapeutics in the Johns Hopkins Medical School from 1932 to 1941. From 1941 to 1945 he was Resident Professor of Medicine at Bowman Gray School of Medicine, Wake Forest College, Winston-Salem, North Carolina. Dr. Grollman will present two lectures on the Los Angeles campus of the University of California. The first, to be given from 8:00 to 10:00 p.m. on the evening of March 12, 1946, is entitled: "Clinical Aspects of Thyroid Disease." On March 13, from 8:00 to 10:00 p.m., Dr. Grollman's topic will be: "Recent Experimental Studies in Hypertension."

Dr. Cecil has been Professor of Clinical Medicine at Cornell University since 1933. He was President of the American Rheumatism Association in 1937-38 and of the New York Rheumatism Association in 1942-43. He is the author of *Diagnosis and Treatment of Arthritis*, 1929, 1936, and editor of *A Textbook of Medicine by American Authors*, 1927, 6th edition, 1943. Dr. Cecil will lecture on two consecutive evenings, April 23 and 24, from 8:00 to 10:00 p.m., on the Los Angeles campus of the University of California. He will speak on the general subject of "Arthritis," with special emphasis on rheumatoid and hypertrophic arthritis.

#### Seventh Annual Los Angeles Postgraduate Symposium

The Seventh Annual Postgraduate Symposium for physicians of the Medical, Dental and Pharmaceutical Association of Southern California, in cooperation with the California Tuberculosis and Health Association, the Los Angeles County Tuberculosis and Health Association, and the Los Angeles Heart Association, will be held in Los Angeles, March 10 through the 13.

A public meeting, concerning itself with community public health, will formally open the symposium on Sunday, March 10, at 3:15 p.m., at the Zion Hill Baptist Church, East Fifty-first and McKinley Streets.

Dr. Louis J. Regan, president of the Los Angeles County Medical Association, will give the symposium keynote speech at a stag dinner for members of the medical profession on the evening of the opening day at the Crystal Palace Tea Room at 4818 South Avalon Boulevard. Dr. Reginald Smart will speak on behalf of the tuberculosis associations.

Beginning Monday, March 11, and following through Wednesday, March 13, the symposium will concern itself with tuberculosis, neuro-psychiatry, obstetrics, syphilis, and a cardiac clinical conference. Out-of-state physicians leading the discussions will include:

Dr. W. A. Beck, fellow of the American College of Chest Physicians, Nashville, Tenn.;

Dr. H. J. Erwin, member of the American Board of Psychiatry and Neurology, St. Louis, Mo.; and

Dr. P. M. Santos, diplomate, American Board of Obstetrics and Gynecology, Chicago, Ill.

Local physicians leading the discussions will be Dr. Leo Tepper, medical director of Olive View Sanatorium; Dr. John F. Flynn, medical director of the Los Angeles County Rapid Treatment Center; Dr. A. M. Roberts, president of the Los Angeles Heart Association.

Sessions will be held at the University of Southern California, Los Angeles General Hospital, Olive View Sanatorium, and Los Angeles County Rapid Treatment Center.

## C.M.A. CANCER COMMISSION

### California and the Annual Drive of the American Cancer Society

The American Cancer Society will stage its annual drive for contributions during the month of April. The goal is \$12,000,000, and the California quota is \$854,000. The California division of the American Cancer Society will look to the medical societies to approve and add their support to this campaign.

The Cancer Commission of the California Medical Association urgently requests the cooperation of county societies in this project. Sixty per cent of all the money raised in California will remain here and will be used for cancer work in this State. Of the 40 per cent that goes to the National Society, 15 per cent is used for their program of publicity and education, while 25 per cent will be spent for research in cancer under the direction of the National Research Council that controlled all of the Government research during the war. If California meets the goal of \$854,000, one-half million dollars will be spent for cancer control and the care of cancer patients in this State. The Council of the C.M.A. has asked what you will do with the half-million dollars. The answer to that question is the reason why the members of the county medical society should support the April drive.

Funds will be needed and will be spent if available for—

1. To provide added facilities and follow-up work in approved cancer clinics.
2. To assist in the formation of new approved cancer clinics wherever feasible.
3. To supply hospital beds for needy cancer patients during treatment.
4. Transportation and surgical supplies for cancer patients.
5. Terminal hospital beds for advanced cancer cases.
6. To make the Pananicolaou test for cancer of the uterus available by supporting centers in Los Angeles and San Francisco.
7. To finance refresher courses for physicians.
8. To educate the public regarding the danger signals of cancer and the need for immediate treatment.

There are three important ways in which the county medical societies can assist in this cancer campaign.

1. Your patients will inquire about the campaign. Tell them that it is worthwhile and give the campaign a sincere enthusiastic boost.

2. The local Field Army will need representatives of the county medical society on their executive committee to advise and give them moral support. The county society should see that they have interested energetic members on this executive committee.

3. The local Field Army will need speakers on cancer topics for the campaign. These should come from the medical society.

All three of these services are of vital interest to the success of the campaign for the public looks to your medical judgment to determine their individual support.

Cancer is the second highest cause of death in this State. It is the No. 1 Public Enemy because of the tremendous suffering involved. We have approximately 35,000 cancer patients in California with an annual death rate of more than 11,000. The cure and relief of these patients should have our first interest and energetic support.

The Cancer Commission of the C.M.A. can assure you that the money collected by the American Cancer Society will be wisely, effectively and impartially spent through—

out the State to assist the greatest possible number of cancer patients. Because of the great need and this opportunity to finance the work in cancer control, the Commission recommends and requests your support.

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(Note. Above information was sent to C.M.A.'s component county medical societies by Lyell C. Kinney, M.D.,

#### U. S. Cancer Group Founder Dies at 80

San Diego, Feb. 24.—(AP.)—Frederick L. Hoffman, 80, former vice-president and consulting statistician of the Prudential Life Insurance Company and founder of the American Society for Control of Cancer, died today.—San Francisco *Examiner*, February 25.

(COPY)

#### 79th Congress: 1st Session, H. R. 4502

IN THE HOUSE OF REPRESENTATIVES

On October 25, 1945, Mr. Neely introduced the following bill; which was referred to the Committee on Foreign Affairs.

1 1 1

#### A BILL

To authorize and request the President to undertake to mobilize at some convenient place in the United States an adequate number of the world's outstanding experts, and coordinate and utilize their services in a supreme endeavor to discover means of curing and preventing cancer.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That the President is hereby authorized and requested to undertake, in whatever manner he may deem most appropriate, to mobilize at some convenient place in the United States an adequate number of the world's outstanding experts, and coordinate and utilize their services in a supreme endeavor to discover means of curing and preventing cancer; and to take any additional action that he may consider necessary or proper to achieve the desired result.

SEC. 2. The sum of \$100,000,000 is hereby authorized to be appropriated to enable the President to carry out the provisions of this Act.

#### "All Out Against Cancer"

In *Collier's* of February 23, 1946, appeared an interesting article by Hannah Lees, under the caption, "All Out Against Cancer." The article was well illustrated and may be of interest to medical as well as lay readers.

#### Dr. Robert S. Stone Appointed to Cancer Council

Dr. Robert S. Stone was appointed on January 24, by Surgeon General Thomas Parran to a three-year term on the National Advisory Cancer Council, according to Associated Press.

Dr. Stone is a professor of roentgenology at the University of Chicago School of Medicine.

#### Cancer of Stomach—Mass Cancer X-Rays Found Unprofitable

Mass x-ray examination of the general population in search of stomach cancer is not profitable, it is indicated in a study by radiologists in the University of California Medical School.

The doctors conducted the survey in an attempt to determine whether or not mass surveys, such as those conducted for tuberculosis, would be useful in finding early cases of cancer.

Five hundred men above the age of 45, all of them free of any digestive complaints, were given x-rays examinations of the stomach. Not a single case of stomach cancer

was found, and there were only three certain cases with other stomach disorders, such as ulcer.

The doctors pointed out that their rigid selection of candidates excluded those with the slightest symptoms, and they warned that the study in no way detracts from the view that even mild dyspepsia in older persons demands prompt medical investigation.

They also said that persons with pernicious anemia, which predisposes to stomach cancer, should have x-ray examinations.

The survey was conducted by Dr. Morris E. Dailey, clinical instructor in medicine, and Dr. Earl R. Miller, associate professor of radiology.

#### Cancer Clinic

Sacramento County Division American Cancer Society, is establishing a cancer clinic in Sacramento, with the first clinic to be held March 5, in Sacramento County Hospital.

X-ray equipment and other facilities of the clinic are to be made available to the public without charge and the clinic is to be staffed with specialists in blood, surgery, radium, x-rays, radiology, pathology, and other medical specialties.

All three of the major hospitals in Sacramento—Mercy, Sutter, and Sacramento—are to participate in the program. . . .

The Sacramento Cancer Society during the last year raised more than \$5,000 to finance cancer prevention and control, and the society will finance the x-rays, equipment and drugs for the clinic. . . .

#### C.M.A. Cancer Commission

The State office will shortly receive the minutes of the meeting of the California division, but for your information the following is the outline of what was done at a recent meeting of the Cancer Commission of the California Medical Association, Dr. Lyell C. Kinney, 1831 Fourth Street, San Diego, Chairman:

1. Adoption of a constitution.
2. Discussion of proposed by-laws.
3. Adoption of a financial policy for the county branches.
4. Discussion of a request from Dr. Hunt and U. C. for \$6,500.00 to inaugurate the work on the Papanicolaou smear. This was authorized subject to conditions to be approved by Drs. Rinehart and Wood.
5. Authorization of \$1,500.00 subsidy to the cancer clinics about to be organized in Sacramento.
6. Discussion of the expenditure of the proposed \$800,000.00 which is our quota for next year. Enclosed is an outline of the facts accepted in that discussion.

The Cancer Commission spent most of its time on the report to the Council regarding "detection clinics." The Commission also adopted a "minimum standards" to be submitted to the Council if the report is approved. Dr. Dobson of Stanford discussed the progress on the "Cancer Manual," on which he is chairman of the editorial committee. The Commission discussed and acted on the problems of the pre-convention conference.

*Otto F. Müller (1730-1784).*—The first attempt at the classification of the bacteria and protozoa, which Linnaeus had grouped under the vague genus "chaos," was made by Otto F. Müller. This work of bacteriological interest covered a period of twenty years, and was published posthumously in 1786. Some of the nomenclature is still employed today, "Bacillus" and "spirillum" date back to Müller, though they do not entirely retain their original significance.

## COMMITTEE ON MEDICAL ECONOMICS

### A.M.A.'s Nationwide Prepayment Program for Medical Care of the American People

*Council on Medical Service and Public Relations  
American Medical Association*

Note.—The statement that follows indicates the official actions taken by the constituted authorities of the American Medical Association concerning prepaid medical care plans:

Work has begun already by the Council on Medical Service and Public Relations to put into effect the nationwide prepayment program for medical care of the American people. This program was presented February 17 to the American public through the press and over the radio by the Board of Trustees following joint action by the Council on Medical Service and Public Relations and the Board of Trustees in accord with the resolution passed by the House of Delegates last December. Work on this program is to be coördinated closely with the activities of the Associated Medical Care Plans, Inc., an organization of prepayment plans, just established.

The Board of Trustees has established under the Council on Medical Service and Public Relations a Division of Prepayment Medical Care Plans with a director and a staff who will administer the activities of the Council on Medical Service and Public Relations related to the promotion and development of medical care plans in all the states.

\* \* \*

#### DIGEST-STATEMENT OF RECOMMENDATIONS OF THE COUNCIL AS APPROVED BY THE BOARD OF TRUSTEES

The Council on Medical Service and Public Relations recommends the employment of a Director of its Division of Prepayment Medical Care Plans and the necessary staff. It is recommended that the Council appoint an Advisory Committee representing medical care plans and their associations.

The Council has determined standards for medical care plans. Plans which meet these standards shall be entitled to the use of the Council Seal during the period of their approval.

The Director of the Division of Prepayment Medical Care Plans of the Council on Medical Service and Public Relations with his staff and with the assistance and coöperation of the Advisory Committee the State Medical Societies and the Association of Medical Care Plans shall be available to assist in developing plans, increasing the number of persons covered by already existing plans and facilitating reciprocity among them.

The Council believes that responsibility for the development of medical care plans rests with state and county medical societies. Stimulation, coördination and federation of such plans under the instructions of the House of Delegates is deemed to be the function of the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association.

The duty of the Advisory Committee shall be to advise the Director of Prepayment Medical Care Plans and the Council on the methods of implementing the program and, on approval of the Council, the Director of Prepayment Medical Care Plans will undertake the functions described in paragraph 3.

The Advisory Committee shall consist of five members, appointed for one year. For the first year it is suggested that the following comprise the committee: Mr. Jay Ketchum, Dr. F. Feierabend, Dr. Herbert Bauckus, Mr. William Bowman and Mr. Charles Crownhart.

A tentative cost of this program is estimated at \$50,000 for the first year.

### Statement of A.M.A. Trustees and Council on Medical Service, re Voluntary Prepayment Sickness Plans

The Board of Trustees of the American Medical Association and the Council on Medical Service of the American Medical Association at a meeting recently completed in Chicago have taken a long step toward protection of the American people against the costs of sickness through participation in a voluntary prepayment sickness plan now developed under the authority of the American Medical Association.

† † †

The fundamental step in the development of this plan was the establishment of standards of acceptance for medical care plans which have the approval of the Council on Medical Service of the American Medical Association. Any plan which meets the standards of the Council will be entitled to display the seal of acceptance of the American Medical Association on its policies and on all of its announcements and promotional material. In order to qualify for acceptance, the prepayment plan must have the approval of the state or county medical society in the area in which it operates. The medical profession in the area must assume responsibility for the medical services included in the benefits. Plans must provide free choice of a qualified doctor of medicine and maintain the personal, confidential relationship between patient and physician. The plans must be organized and operated to provide the greatest possible benefits in medical care to the subscriber.

† † †

Medical care plans may be in terms of either cash indemnity or service units, with the understanding that benefits paid in cash are to be used to assist in paying the costs incurred for medical service. The standards also include provisions relative to the actuarial data that are required, systems of accounting, supervision by appropriate state authorities and periodic checking and reporting of the progress of the plan to the Council.

† † †

Coincidentally with the announcement of these standards of acceptance, there was organized, as a voluntary federation, an organization known as "Associated Medical Care Plans, Inc." This independent association will include as members all plans that meet the minimum standard of the Council on Medical Service of the American Medical Association. The Associated Medical Care Plans will undertake to establish coördination and reciprocity among all of these plans so as to permit transference of subscribers from one plan to another and use of the benefits in any state in which a subscriber happens to be located. Under this method great industrial organizations with plants in various portions of the United States will be able to secure coverage for all of their employees. Moreover, it will be possible for the Veterans' Administration, welfare and industrial groups as well as government agencies, to provide coverage for the people in any given area through a system of national enrollment. In addition, the Associated Medical Care Plans, Inc., will undertake research and the compilation of statistics on medical care, provide consultation and information services based on the records of existing plans and engage in a great campaign of public education as to the medical service plan movement under the auspices of state and county medical societies.

† † †

The Board of Trustees of the American Medical Association also announced the establishment under its Council on Medical Service of a Division of Prepayment Medical Care Plans with a director and a staff who will administer the activities of the Council on Medical Service related to the promotion and development of medical care plans in all of the states.

In announcing its proposals for a nation-wide provision of sickness insurance on a mutual nonprofit basis, the Association through its President and the Board of Trustees authorizes the publication of its complete health program with the ten points, which include the development of services in the field of preventive medicine, maternal and child health, voluntary prepayment plans for protection against the costs of sickness, compensation for loss of wages due to illness, the care of the veteran and the development of a high standard of housing, nutrition, clothing and recreation.

The American Medical Association last June through its Board of Trustees and Council on Medical Service announced a 14-point program to improve the health and medical care situation in the United States. In October, 1945, the interpretation of these 14 points and methods of implementation were adopted by the Council on Medical Service. In December, 1945, the House of Delegates approved the whole program, suggested its rearrangement and directed the Board of Trustees to keep the program constantly up to date so that it will stay at least even with and, if possible, a step ahead of the needs of the public.

• • •

With this in mind the Board of Trustees has adopted a restatement of the 14-point program, which clarifies still further the position of the American Medical Association on some of these points and brings into the program more definitely such matters as maternal and child welfare, medical research, the medical care of the veteran and the part to be played by the voluntary health agencies.

This restatement follows:

#### NATIONAL HEALTH PROGRAM OF THE AMERICAN MEDICAL ASSOCIATION

1. The American Medical Association urges a minimum standard of nutrition, housing, clothing and recreation as fundamental to good health and as an objective to be achieved in any suitable health program. The responsibility for attainment of this standard should be placed as far as possible on the individual, but the application of community effort, compatible with the maintenance of free enterprise, should be encouraged with governmental aid where needed.

2. The provision of preventive medical services through professionally competent health departments with sufficient staff and equipment to meet community needs is recognized as essential in a health program. The principle of Federal aid through provision of funds or personnel is recognized with the understanding that local areas shall control their own agencies as has been established in the field of education. Health departments should not assume the care of the sick as a function since administration of medical care under such auspices tends to a deterioration in the quality of the service rendered. Medical care to those unable to provide for themselves is best administered by local and private agencies with the aid of public funds when needed. This program for national health should include the administration of medical care including hospitalization to all those needing it but unable to pay, such medical care to be provided preferably by a physician of the patient's choice with funds provided by local agencies with the assistance of Federal funds when necessary.

3. The procedures established by modern medicine for advice to the prospective mother and for adequate care in childbirth should be made available to all at a price that they can afford to pay. When local funds are lacking for the care of those unable to pay, Federal aid should be supplied with the funds administered through local or state agencies.

4. The child should have throughout infancy proper

attention including scientific nutrition, immunization against preventable disease and other services included in infant welfare. Such services are best supplied by personal contact between the mother and the individual physician but may be provided through child care and infant welfare stations administered under local auspices with support by tax funds whenever the need can be shown.

5. The provision of health and diagnostic centers and hospitals necessary to community needs is an essential of good medical care. Such facilities are preferably supplied by local agencies, including the community, church and trade agencies which have been responsible for the fine development of facilities for medical care in most American communities up to this time. Where such facilities are unavailable and cannot be supplied through local or state agencies, the Federal Government may aid, preferably under a plan which requires that the need be shown and that the community prove its ability to maintain such institutions once they are established. (Hill-Burton bill.)

6. A program for medical care within the American system of individual initiative and freedom of enterprise includes the establishment of voluntary nonprofit prepayment plans for the costs of hospitalization (such as the Blue Cross plans) and voluntary nonprofit prepayment plans for medical care (such as those developed by many state and county medical societies). The principles of such insurance contracts should be acceptable to the Council on Medical Service of the American Medical Association and to the authoritative bodies of state medical association. The evolution of voluntary prepayment insurance against the costs of sickness admits also the utilization of private sickness insurance plans which comply with state regulatory statutes and meet the standards of the Council on Medical Service of the American Medical Association.

7. A program for national health should include the administration of medical care, including hospitalization, to all veterans, such medical care to be provided preferably by a physician of the veteran's choice with payment by the Veterans' Administration through a plan mutually agreed on between the state medical association and the Veterans' Administration.

8. Research for the advancement of medical science is fundamentally in any national health program. The inclusion of medical research in a National Science Foundation, such as proposed in pending Federal legislation, is endorsed.

9. The services rendered by volunteer philanthropic health agencies such as the American Cancer Society, the National Tuberculosis Association, the National Foundation for Infantile Paralysis, Inc., and by philanthropic agencies such as the Commonwealth Fund and the Rockefeller Foundation, and similar bodies have been of vast benefit to the American people and are a natural outgrowth of the system of free enterprise and democracy that prevail in the United States. Their participation in a national health program should be encouraged and the growth of such agencies when properly administered should be commended.

10. Fundamental to the promotion of the public health and alleviation of illness are widespread education in the field of health and the widest possible dissemination of information regarding the prevention of disease and its treatment by authoritative agencies. Health education should be considered a necessary function of all departments of public health, medical associations and school authorities.

#### *A.M.A.'s Medical Plan*

The American Medical Association's proposal for a



national voluntary plan for medical care is a positive move on the part of the profession to head off State and Federal "social medicine" programs

Dr. Roger I. Lee, president of the A.M.A., explains that any medical care plan now functioning in local communities which meets A.M.A. standards and has received medical society approval may be accepted under the program. In the proposed national voluntary federation of local medical care groups the advantages to insured members would include the privilege to transfer from one community group to another and other reciprocal benefits

The A.M.A.'s program should win wide support among the profession and the public—Los Angeles *Times*.

### You May Be Next

Seldom has any single group within the United States been threatened with the degree of political coercion and oppression that now threatens the medical profession.

In spite of protestations to the contrary, the President's plan for a centralized Government-controlled medical system cannot be other than oppressive. It is to be financed by compulsory contributions, directed by overhead authority and subject to all the evils of politics. Doctors oppose such a system because of the destruction it would wreak on medical standards. However, more than medical standards should be considered. The public will do well to ponder the potentialities of a program that would put tens of thousands of doctors under the heel of Federal authority, against their will. If it can be done in the field of medicine, it can be done to other groups.

If this country is to have a sound, progressive medical system it must respect the professional judgment of medical men in matters pertaining to medicine, and also respect their rights as a minority group.—Visalia *Times Delta*, February 8.

### Compulsory Health Insurance and Chambers of Commerce

*Unsound and undesirable* are the words used by Clarence A. Jackson, Executive Vice-President of the Indiana State Chamber of Commerce, to describe the pending compulsory health insurance proposals. The system is unsound, Jackson said, because there is lack of balance between cost and benefits. Declaring that such a program would bankrupt the nation, Jackson continued (*Christian Science Monitor*, January 9, 1946)

A system which will permit a person to draw a full year of unemployment and sickness benefits totaling \$1,560 on the basis of earnings of only \$570, as does the Wagner-Murray-Dingell plan, can hardly be said to encourage an industrious attitude . . .

Further, the system is undesirable, because

. . . it would be destructive both to the moral fiber and the freedom and economic security of the American people. It would clamp down Federal regimentation on our lives . . .

*Voluntary plans* are favored by Jackson, who is also a member of the Social Security Committee of the U. S. Chamber of Commerce. Of these voluntary plans he says in the same article:

Progress being made under the existing system of private practice by doctors and voluntary hospital and sickness insurance plans, combined with present continually expanding public systems of free medical and hospital care facilities for those unable to pay for the services themselves, is outstanding.

These views are said to be shared by the Indiana Chamber of Commerce and similar organizations in other states. In other words, giving the voluntary systems a chance before deciding that compulsion is necessary.

### Social Security—What Will It Cost?

*More and more*, cost looks like the tail that will wag the dog in the social security proposals. The fact that the sponsors and advocates have not come forth with an itemized estimate of the future bill has not deterred private sources from speculating on this all-important aspect of the security program. At the recent meeting of the Church Pensions Conference in New York, its actuary, George A. Huggins, had this to say: (*Christian Science Monitor*, December 1, 1945)

The experts of this special (House) committee have indicated that "an aggregate payroll tax of 8 to 10 per cent is necessary to pay benefits for which the Government is already obligated" and that "enlargement of the program, as envisioned by the Wagner-Murray-Dingell bill, would probably serve to increase tax requirements to not less than 12 per cent, and possibly to 14 or 15 per cent." The experts have even intimated that there may be needed substantial subsidies from the Treasury in addition to a 14 or 15 per cent tax.

In *compulsory health insurance*, too, cost looms as the number one consideration. Kenneth C. Crain, writing in *Hospital Management* for December, 1945, raises serious doubt that the cost can be controlled:

The fact is, of course, that nobody has any idea what the scheme will cost, especially with the characteristic spendthrift methods of the Federal Government in control. Estimates range from three or four billions to double those enormous amounts. There is in the nature of things no limit to the amount of this tax when the Social Security system as a whole, and this part of it, in particular, if authorized, begins to show the enormous deficits which may be confidently predicted.

*Newspapers* also have been paying increasing attention to cost. Arthur Sears Henning, in *The Chicago Tribune* for November 20, 1945, said of the health measure:

The measure is destined to meet with great opposition, particularly because of its enormous cost at a time when radical retrenchment of expenditures is required to avert inflation.

*Asking the opinion of the people*, the *Des Moines Register* conducted a poll in Iowa on the question of whether they favored enactment by Congress of a compulsory health plan. Here are the results:

Opposed . . . . .	49 per cent
In favor . . . . .	40 per cent
No opinion . . . . .	11 per cent

The 40 per cent in favor were asked whether they would be willing to pay \$1 a week on every \$25 earned; 29 per cent answered yes, 10 per cent no. It appears that when cost is added to the menu, the meal looks less appetizing.

*Research:* Concern about the ultimate cost of social security has not been confined to comment and public opinion surveys. There is a growing interest in active research. Upon release of the President's health proposals, the New York Board of Trade stated that it plans to set up an impartial research bureau to study costs of present and proposed social security in the State of New York. Board of Trade members are said to feel that the approach to social security problems has been emotional and political and they are determined to discover what expansion of the system actually would cost individuals and industry. A realistic approach to the cost problem is certainly needed at this time. Congressional hearings on social security are to commence shortly, and it is highly desirable that cost and obligations under any compulsory program be made just as clear to the public as the benefits.

### Surgeon General Parran Writes a Letter

*Flames from the current controversy* over compulsory health insurance rise ever higher. Surgeon General Parran of the United States Public Health Service added

fuel to these flames when, on December 10 last, he said in a letter to all officers of the Service:

The appropriate executive agencies of the government have been specifically instructed by the President to assist in carrying out his legislative program as presented to the Congress on September 6.

Every officer of the Public Health Service will wish to familiarize himself with the President's message and will be guided by its provisions when making any public statement likely to be interpreted as representing the official views of the Public Health Service.

*Bouncing back* from this body blow, the American Medical Association replied in its *Journal* for January 12:

Many of those addressed . . . are physicians in the private practice of medicine in the United States . . . If, however, men are to be directed in their thinking or muzzled in their speaking incident to their desire to be of service to the health of the nation, their rights as American citizens will have to prevail . . . it might have been better if General Parran had, in these final two paragraphs, said in shorter and clearer sentences exactly what he meant to convey.

Reaction to the Surgeon General's letter has not been limited to comment in medical journals. In Toledo, Ohio, Dr. Edward McCormick, a senior surgeon in the Public Health Service there, and 13 reserve officers under him resigned their commissions. Said McCormick: (*Chicago Tribune*, January 18)

We quit because we are American citizens and are sick and tired of being regimented by Presidential edict. Parran has indicated he is for socialized medicine and we are not going to be coerced by him or any other bureaucrat into supporting such measures.

#### **Pitfalls in Compulsory Health Insurance**

*Experience With Socialized Medicine in Europe Shows It Has Led to Inferior Service and to Economic and Political Problems*

Many European workers have found that the so-called advantages of compulsory health insurance are outweighed by very real disadvantages. For instance, if their doctor is not in the insurance practice, they have to forego the right to call him and have to accept treatment from another practitioner who is oftentimes so busy that he cannot give adequate service. The drawbacks also include a deterioration of medical care in many places, an ever-increasing cost of the system due in large part to malingering and the growth of many of the administrative societies into politically powerful organizations.

In every country there has been a constant increase in the sickness rate after the introduction of health insurance. In Germany it trebled from 1885 to 1930. In England the number of claims increased by almost 50 per cent in a six-year period from 1921 to 1927. In both countries doubtless some of the increase was due to malingering, but an appreciable part was caused by poor medical service.

For instance, in Germany Dr. Frederick Hoffman found that "treatment of serious afflictions is often grossly inadequate for purposes of a cure." Often the doctors were not to blame. On the one hand, the administrative authorities stood ready to debar them from insurance practice, in case they "over-doctored," that is, saw their patients too often, for in Germany doctors are paid on a fee-for-service basis. On the other hand, physicians were overworked. Many patients thronged to their offices just to get their money's worth. Indeed, one group of physicians estimated that two-thirds of their time was consumed by such demands.

Again, in England there has been much argument about the quality of medical care given the workers. Some of the proponents of the system have insisted that they got better attention than they did in preinsurance days.

Others disagree. Earnest Bevin has characterized the medical service given the industrial classes as "a tragedy of incompetence." J. G. Crownhart reported to the Wisconsin Medical Society that the English system had reduced many practitioners to the status of agents, making out prescriptions "too often for mere palliatives." He added that they operated something more like "a sickness licensing and registration system than a health service." Sir Kingsley Wood, quondam Minister of Health, confirmed Mr. Crownhart's diagnosis, when he said that the National Health Insurance System had made the English into "a nation of medicine drinkers." One authority says that the services have developed with patches of brilliance and patches of tragic incompetence.

Here, too, the doctors are not wholly responsible. Their waiting rooms are crowded. Many of them have to see anywhere from 30 to 60 patients a day. In the United States a busy doctor sees between 20 and 25 a day. Furthermore, the Ministry of Health got the druggists to make out a list of cheap drugs. The Insurance Committees which administer the medical benefits have tried to force the doctors to use the list instead of prescribing more expensive medicines. It is small wonder that under such circumstances in 1936 at least 600,000 workers failed to register so they could be eligible to see an insurance physician even though they had paid their health insurance taxes.

In addition to providing a certain amount of medical service, practically all the health insurance laws require that sick workers should be paid cash benefits which, at least partially, indemnify them for wages lost during sickness. In both England and in many continental countries these cash benefits have been administered by semi-private societies or funds. At the inauguration of the health insurance system these organizations were weak and, in England, in financial difficulties. Their history has been one of aggressive competition for power. In order to attract members they have continually liberalized the benefits they offered. For instance, many made cash payments which are considerably larger than those required by law and also gave "extra benefits," such as service at a dental clinic and care in sanatoria.

These generous benefits and the ever higher morbidity rates have resulted in a decided increase in the per capita costs. In Germany it was eight times as high in 1929 as it was in 1885. In England it doubled. This of course necessitated an increase in the contribution rate or a curtailment of benefits. Most countries have used both methods, but in Germany prior to 1929 the increase in the contribution rate was so large that labor unions were apprehensive lest workers would be unable to pay their union dues. Of course the worker's payment only increased from about 1 per cent of the wage to something over 4 per cent.

Taken alone, this increase would be rather unimportant, but the German worker has been required to pay other social security and additional taxes. Indeed, the total amount deducted often amounted to 30 per cent of the wage. That is why workers who were members of funds which paid a tax-free wage-loss benefit equal to three fourths of the wage found that it was more lucrative for them to be "sick" and claim the benefit than to work for full wages.

The same thing could happen in the United States. Actuaries estimate that the total annual cost of social security may vary between 12 and 18 billion dollars. In addition to that, the federal, state, and municipal govern-



ments must be supported. Statisticians have estimated that the annual cost to the Federal Government alone will be about 25 billion dollars. All these expenses add up to a sum equivalent to an appreciable part of America's largest prewar national income. Since the nation cannot continue indefinitely on a basis of deficit financing, someone must pay. The important question is, "Who will it be?" The source of all of our wealth is the productiveness of natural resources and the industrial system. At the hub of this stands the American worker. It is he who will ultimately pay, either directly or indirectly.

The third and most insidious danger is the political one. Investigating doctors found much evidence about the quality of medical care. The increasing cost of the systems is a matter of record, but the growth in the political importance of the administrative organization has gone almost unnoticed in most countries until a crisis. Such an emergency occurred in Germany in 1933. One of the first things the Nazis did after they took over the reins of the government was to seize control of the health insurance funds and to convert the offices into governmental agencies to aid in regimenting the people.

However, many workers suffer because of the unexpected financial drain incident to serious illness. How can this problem be solved? Through voluntary insurance. Under such a system, there would be no disruption of medical practice through lay interference. Doctors could deal more effectively with malingerers. The economic burden of such a system would bear less heavily on the workers, as arrangements for it could be made at a time when a rise in wages was feasible. Finally, such a method could not create a political Frankenstein which might enslave us all.

## LOS ANGELES

(Continued from Page 198)

ever, little difference was noted at "El Pueblo de Los Angeles" where Mexican authority followed, when Spanish domination ended. It was really only a change in name.

The beginning of the American period cannot properly be traced to a single date or incident. The Treaty of Cahuenga, the signing of which took place at Cahuenga Pass, near Hollywood, between Andres Pico and John C. Fremont, January 13, 1847, ended hostilities in California and made clear the claims of the United States which were settled at Hidalgo, Mexico, the following year. The events leading to these treaties are of great importance in early Los Angeles history.

But this garrison of fifty soldiers left at Los Angeles was insufficient to insure what otherwise might have been a bloodless conquest of the region.

Then, from out of the desert, came a new figure of importance, General Stephen W. Kearny, marching with his victorious army from the Texan campaign. At the border he had been met by Kit Carson with news of earlier victories in California. Because of this good news, Kearny sent back to the "States" all but 121 of his men. Luckily, however, with the aid of reinforcements sent by Stockton, Kearny with his remaining force reached San Diego where plans were made to march on Los Angeles—the last Mexican stronghold in California.

Marching across the hot barren desert, his weary-worn soldiers little expected the surprise attack from the elated Angelinos at San Pasqual, where thirty-seven Americans were killed and wounded in a bloody battle.

A long tedious march to Los Angeles concluded the campaign; little resistance being made by the Californians. In January, 1847, Kearny entered the city after a skirmish at La Mesa, where hardly a shot was fired.

To physicians, General Kearny's expedition which started from Santa Fe, New Mexico, on September 25, 1846, is of special interest, since the Army Surgeon who was at the head of the medical department of General Kearny's "Army of the West" was John Strother Griffin, M.D., one of the founders of the Los Angeles County Medical Association, and its first president, through election on January 31, 1871.

Later in January, Fremont entered Los Angeles from the north after having signed the treaty of Cahuenga which brought the city under a new government, the United States of America.

During all of this period Los Angeles was a very small town, with unpaved streets and no means of communication other than the stagecoach and pony express rider. In 1860 the first telegraph line came to the city. In 1868 the first bank was opened. In 1869 San Pedro and the harbor-to-be, were connected to the city by rail.

It had taken Los Angeles ninety years to gain the 5,000 population it had in 1870. From this date growth was much more rapid. The first railway had caused the population to double by 1880. During the next ten years the population jumped 350 per cent so that, by 1890, there were 50,000 in Los Angeles; many of them had taken advantage of the railway rate wars which made it possible for immigrants to come from the Middle West to Los Angeles for fares as low as one dollar. By 1900 the population had again doubled to more than 100,000.

A census estimate of January, 1946, credited Los Angeles County with 2,785,643 in 1940 and 3,584,000 in January, 1946, (CALIFORNIA AND WESTERN MEDICINE, February, 1946, p. 111).

The first influx of Easterners to the local area was supported solely by booms in real estate, but as rail rates returned to normal, the tide of inflowing population ebbed and banks became stricter in their loaning policies. The tourist trade dropped off and a general depression set in. This was in 1888, the same year in which the Los Angeles Chamber of Commerce was founded. At this time the residents began to realize that they must produce if their progress was to continue.

In 1885 California citrus fruit won over Florida fruit for the first time at the International Exposition at New Orleans.

With increased agricultural production, trade was begun. Domestic trade had been carried on spasmodically for a considerable time, but it was not until 1899, when the first actual work began on a deep-water harbor, that the city undertook an extensive foreign trade program.

During 1899 and 1900 a boom in oil began and carried on to such an extent that today the production of crude oil and its refining is the leading industry. Los Angeles' second industry—motion pictures—got its start in 1910 when the Nester Film Company came to Hollywood.

Industrially, Los Angeles has grown until, by 1938, it became the fifth among United States counties. In more recent years this area has come to produce more airplanes than any other section of the United States. It is a leader in automobile and accessory production, in tires, furniture, wearing apparel, printing and publishing, and meat packing.

Los Angeles has an approximate population of 1,350,000. The city's area is 450.74 square miles, one of the largest cities in area in the world—the largest in the United States. Culturally, Los Angeles is growing as rapidly as it is industrially. Science, art, music and literature are encouraged.

### Phi Rho Sigma Luncheon

Clark Hotel, 426 South Hill Street, Michigan 4121, Wednesday, May 8, 1946. For information, address J. M. de los Reyes, 424 California Medical Building, 1401 South Hope Street (Telephone PRospect 8146).